M19048

C. 4
A. 2a
M 6

M 6

ESSAYS ON

CERTAIN NERVOUS

BY

THOMAS MORE MADDEN,

LATELY EXAMINER IN MIDWIFERY

QUEEN'S UNIVERSITY

PHYSICIAN TO ST. JOSEPH'S

EX-ASSISTANT PHYSICIAN,

FORMERLY DEMONSTRATOR OF ANATOMY

AND ONE OF THE PHYSICIANS TO ST.

CORRESPONDING FELLOW OF THE

AND OF THE

MEMBER OF THE

DUBLIN
JOHN FALCONER, 53, UPPER
1884.

ESSAYS ON INSANITY

AND

CERTAIN NERVOUS DISORDERS.

BY

THOMAS MORE MADDEN, M.D., F.R.C.S.E.;

LATELY EXAMINER IN MIDWIFERY AND THE DISEASES OF WOMEN, IN THE QUEEN'S UNIVERSITY IN IRELAND;

PHYSICIAN TO ST. JOSEPH'S HOSPITAL FOR SICK CHILDREN;

EX-ASSISTANT PHYSICIAN, ROTUNDO LYING-IN HOSPITAL;

FORMERLY DEMONSTRATOR OF ANATOMY, CARMICHAEL SCHOOL OF MEDICINE;

AND ONE OF THE PHYSICIANS TO ST. MARY'S INFIRMARY FOR DISEASES OF WOMEN;

CORRESPONDING FELLOW OF THE OBSTETRICAL SOCIETY OF EDINBURGH,

AND OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON;

MEMBER OF THE ROYAL IRISH ACADEMY;

ETC., ETC.

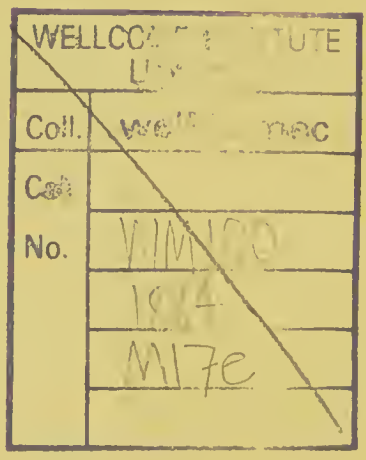
DUBLIN:

JOHN FALCONER, 53, UPPER SACKVILLE-STREET.

1884.

32539968

M19048



ON

INSANITY,

AND THE

CRIMINAL RESPONSIBILITY

OF THE

INSANE.

BY

THOMAS MORE MADDEN, M.R.I.A.;

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND;
MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND;
AUTHOR OF A TREATISE "ON CHANGE OF CLIMATE," ETC.;
"THE CLIMATE OF MALAGA, AND ITS REMEDIAL INFLUENCE ON CHRONIC PULMONARY DISEASES;"
"ON RINDERPEST, AND ITS RELATION TO CHOLERA, PLAGUE, AND OTHER EPIDEMIC DISEASES."

Read before the Medical Society of the College of Physicians in Ireland.

DUBLIN:
JOHN FALCONER, 53, UPPER SACKVILLE-STREET,
Printer and Publisher, Stationer and Binder.

[Reprinted from the Dublin Quarterly Journal of Medical Science, November, 1850.]

WELLCOME INSTITUTE LIBRARY
Coll | wellMOmec
Call No

ON

INSANITY,

AND THE

CRIMINAL RESPONSIBILITY OF THE INSANE.

A REMARKABLE case of insanity, leading to a double attempt at murder and suicide, which came under my notice in May, last, led me to devote consideration to the medico-legal relations of insanity in reference to criminal responsibility. The result of this inquiry has been to show me in how unsatisfactory a state our criminal jurisprudence is on these points; and I now call attention to this case for the purpose of pointing out the defects of the present system, and of offering some suggestions for its improvement.

On the 22nd of May, [redacted], J. E., aged eighteen, an inferior employé in a public office, who had only, within a period of six or eight weeks, recovered from fever, was observed by a medical gentleman in the office to present a wild and restless appearance, and was recommended to go home and remain there for some days; accordingly, he returned to his mother's house, at Drumcondra, where nothing peculiar in the lad's conduct was observed by his family. At the expiration of some days he returned to his employment, stating he was quite well. The gentleman above referred to again observed the same expression he had before noticed, and called the attention of the senior clerk of the office to it desiring that the boy should be allowed to leave the office earlier than usual, or for some days more, if he wished, to remain at home. He left that day at the usual hour; conducted himself quietly during the evening; but at night, when all the members of the family were asleep, he arose and made his way to his mother's room, on entering which, he flew at her—then in bed—and attempted to kill her with a hatchet, which it was afterwards ascertained had been concealed by him several days previously; but her cries, fortunately, brought timely assistance, and she escaped

with some slight injuries. Before the lad was seized, however, he inflicted a slight wound upon himself, in the right breast, with a clasp knife; threw himself on the ground, roaring vehemently, and endeavoured to dash his head against the wall. Having been secured, he was carried to his bed, when, after some hours feigning sleep, he took advantage of the inattention of those who watched him, and, early next morning, made his escape from the house and flung himself into the River Tolka, near his place of abode, in Clontarf; he was pulled out, with some difficulty, by a policeman.

Next day he was brought before a police magistrate, charged with the attempt at murder and suicide, and was committed to prison. By the exertions of Dr. R. R. Madden, however, he was, ultimately, sent to the Richmond Lunatic Asylum, and placed under the able care of Dr. Lalor; he was discharged, as cured, in November last, and is now earning his bread comfortably and creditably in another public office in this city.

This young man was a pale, cachectic lad, of emaciated habit and leucophlegmatic temperament, badly brought up, ill-educated; his only reading being the cheap *sensational* tales and novels published in the London penny serials, to the perusal of which, notwithstanding various remonstrances and admonitions of his superiors, he devoted every spare moment.

After the outbreak of insanity, which I have described, a quantity of papers and fragments of papers, in this individual's hand-writing, were found in his desk, written in the sensational-novel style he delighted in. Amongst these manuscripts was one document, entitled, "Autobiography of J. E.," written immediately previous to his attempted matricide; and I am now induced to publish a few extracts from this paper as a curiosity of psychological literature. These fragments furnish the best comment I have ever seen on the effects to be apprehended from the prevalent sensational cheap literature of the present day.

"—*Autobiography of Joseph E.*—Joseph E. was born on the 20th of March, 1846. He displayed in his infancy a quick, volatile, proud disposition, and, although this was seen by his mother, she never took any pains to eradicate it, and let him go on without doing anything towards removing this grievous evil; but she was a poor struggling woman, and had her husband lying ill for months and months on his back, and she had no means of support only merely what she would earn by her own industry. There was never in this world a more industrious woman in the world, though she never took any pains to inculcate this virtue into Joe, for she thought as she acquired this industry naturally, as she thought herself, she imagined Joe could not be otherwise; so, thus, the best boy in the world was ruined by being let go and take his own head and habits in all things, for his mother thought all was over when she sent him to school.

"You never, I suppose, thought it necessary to know whether he

minded his prayers or not, or religious duties or not; oh, 'twas terrible! oh, horrible! horrible! Oh, how could God stand it and let the child live and go with such wings to the devil? Oh! never, never, will she forgive herself for this. But to return, as well as my poor head can let me, unfortunately as it proved he was sent to a small National School when six years of age, and his disposition may be proved by an instance which I may lay before the reader, if ever this finds one. . . . Oh, reader! never take pleasure in reading those things; never soil your hands with them, but of dire necessity as a warning, and take care you take it in that light. Oh, my God! my God! never, never let such things as low novels, romances, &c., stay a moment before your eyes. Oh! consign them to the flames at once, and never let them stay in children's hands for a moment, for if you do, they are drinking in destruction. Oh, hear me, ye mothers! mind the principal affair of your children's welfare, viz.: the affair of their salvation, and never let those things or any such like enter your child's hands; if thou hast nature in thee stand it not. Oh horrible things! *oh, Reynolds* and Company, what a horrible mess your are making of young minds and young hearts by bringing them to ruin by your heathenish publications. Oh, you are a set of sheep in wolf's clothing. But to return to the subject:—Joe's mind was capable of any impression that might be affixed on it. He might have been good at anything if his mind got any good impressions at that time, for a better disposed child never lived; yet, worst of mothers, look at what your darling boy came to by your heathenish way, and you now may curse the day you married your last husband, for since then you never attended to religious duties, and you may thank that accursed marriage for all the evils that it has brought on all and your darling son. Oh, mother of mothers, have not I reason to curse you, if I would do it; but may God in His mercy and pity have mercy and pity on your poor unfortunate soul; oh, I pray that he may; oh, the Lord hear my prayer; oh God of glory have mercy on you; oh may the angels bear you away, my mother; oh let me suffer in another state till judgment day, and stay there for ever until the judgment day; oh mother, picture the delight of us two poor mortals to be in that transitory state for years until all, all our sins are purged away; oh mother, picture then our delight on being admitted into heaven among God and his saints and faithful, when we will get the lowest, lowest, lowest place among them, please the great God of all glory, of all glory, of all mercy, of all infinite goodness; oh mother, mother, darling mother, can we get into such a place, think you, can we, oh mother; you have received such injuries, such crosses, oh mother forgive all I have said to you; oh forgive mother and forget also, mother, God will forgive, oh God will forgive us; oh we were mad—cracked—oh, we were mad; oh mother, the light of hope shines on my path, and I am here writing this in great hope,

mother darling, of being with you in heaven. Oh, may the Lord my God look over them; oh 'twill be little matter of me when my body is rotting in the earth, of my body which I was sent mad by you, and everyone, being so proud of it; oh let me never look on the face of myself, my diabolical, unfortunate self again; oh, may the God of all glory, look on the virtues, oh but where will he find them; oh none—none—none—none—none—none—none—none—none—none—none—none. Till judgment day I might cry none; oh, may heaven deign to look on you and me with pity and mercy and clemency. Oh, the devil tempted the whole of us to sin; oh mother, still you did not fall into great crimes, for witness your horror of hearing Mary the fish-woman swear false; oh mother, I am greatly afraid I will not find the same favour of you; oh heaven grant it; oh, if you be sent to heaven and I get my choice of either you or I to go to heaven, one of us and not the two, oh, I will willingly, mother, let you go, and I will e'en take place with the d———d. Oh mother hear me and heed me, I pray you; oh, mother, prepare for death, *neither of us can live long;* oh mother, 'twill be an imposition to stay for two weeks here, and then get the month's money after getting one month's pay in advance already. Oh mother, why, oh why did you not take great care that I would be properly minded and taken care of? Oh horrible, oh horrible, most horrible; if thou hast nature in thee stand it not; oh mother, mother, mother! goodbye—goodbye—goodbye—goodbye—goodbye. Oh mother, what might have been—oh, unfortunate fool of a mother, oh why did you not come to me long ago, and never forsake the true path; oh mother, mother, goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye—goodbye. Oh, mother, my dear fond—alas, too fond affectionate—alas, fatally so; oh mother, mother, mother—unfortunate mother; oh mother, mother, I pity you—I pity you—I pity you—I pity you—I pity—oh mother, you did not pity me; oh mother—no—no—no—no—no! Oh mother, you were greatly at fault. Oh, reader, if this finds one, take warning; oh, for Jesus sake, take warning; oh, for heaven's sake take heed; my God, my God, why hast thou suffered this? oh why not put me on my guard? oh, why not question me?"

In the same desk as the foregoing insane autobiography there were also found several other documents which were equally characteristic of the writer's insanity. Amongst these were the following fragments of unconnected observations not of the same date, probably, as the preceding rhapsodies:—

"You saw in me the germs of the worst passions that could ever be sown in any mortal. Oh, poor unfortunate mother! oh! you are reaping the harvest you have sown; you are mourning for your cupidity; oh, you

are looking towards the grave of the son you have ruined with horror, for he chiefly employs his time in cursing the day he was born; oh, poor deluded wretch! from the teaching and from the praise he got from the companions of his boyhood and youth, they puffed up the already too proud and headstrong spirit of the boy, and made him forget almost that there was any God in the heavens. Oh, poor boy! oh, unfortunate child! oh, wretched youth! oh, poor boy! who never tasted any of the true delights of this life, let alone any of the foretastes of the next. Oh, heavens! what a good disposition he possessed, and what a lively, hearty, enthusiastic child; of a strong and healthy frame, although his father was a poor, sickly, weak man.

"Oh! with what a quick hurried bound he leaped into school; no hesitation, no drawing back then; no, no, all straight; head up, and ready to look the world in the face. Oh! with a little care what fine stuff was there to be moulded to a good shape, but it was let run to rust, and now it is gone completely to ruin. Oh, poor unfortunate child! oh, infernal mother! oh, mother! who being blessed with a son never once in his infancy held up his childish hands in prayer to the great God of all glory. Oh, villain! worse than the most *diabolical*." . . . .

The handwriting of the preceding rhapsodies, though very legible, is peculiar. The words run closely into each other. There are no stops, no space left unwritten, no margin left unscribbled on the sides of the paper. The absence of margins and stops has been noticed in other cases of documents written by the insane, and has been commented upon; among others by Olivier d'Anges, and Bayard, in the *Annales d'Hygiène*, Vol. XIX., p. 490.

In this case we find a boy originally of a low order of intellect, of limited capacity, vain, frivolous, and of weak resolution, whose education and moral discipline evidently appear to have been neglected, and whose only reading was the lowest class of *sensational* literature, full of thrilling tales of crime and mystery. This kind of reading engaged his entire leisure, and evidently filled his imagination; so that like Don Quixote he surrounded himself with a world of fiction, which shaped his subsequent mania. Thus the autobiography, the attempted murder, and abortive suicide, all bear the impress of this mental dram-drinking furnished to the poor in the London penny sensational periodicals, and to the rich in more pretentious sensation novels and magazines.

The ill effects of the long continued and exclusive perusal of such literature, especially on young minds, are similar to those described by Fabius:—

"Educatio altera natura; alterat animos et voluntatem; atque utinam (inquit) liberorum nostrorum mores non ipsi perderemus, quum infantiam statim deliciis solvimus; mollior ista educatio, quam indulgentian vocamus, nervos omnes et mentis et corporis frangit: fit ex his consuetudo, inde natura."—Lib. I., cap. 3.

I have heard it said that the influence on the particular forms of crime which have been ascribed to novels is as imaginary as are the scenes depicted in those works themselves. But that such is not the case we have abundant proof. Madame de Stael assures us that the *Sorrows of Werter* occasioned a vast increase in the number of suicides in Germany at the time of its publication. Any one who has had occasion to turn over the police reports of the London newspapers of some forty years ago, will find this influence of literature shown in the number of foolish youths charged each morning with emulating the exploits of the heroes of Mr. Pierce Egan's then celebrated *Life in London*. Some years later Mr. Ainsworth's *Jack Sheppard* seems to have excited a highwayman epidemic among the lads in many a country town. And we have reason to suppose that a similar influence is still exercised by the penny serials, such as *The Boy Pirate*, *The Young Highwayman*, and the cheap and coarse stimulating literature of the penny weekly journals, to which the individual on whose case I am commenting, abandoned his feeble mind.

This case is a good example of the *manie raisonnante* of Pinel supervening on fever. There seems to have been no hallucination, but, simply, a perverted affection which led the boy to suppose that, as his mother had, by neglect of her duties, religious and maternal, imperilled her salvation, it was his duty to save her from eternal retribution by depriving her of time and opportunity for incurring further guilt by killing her, and then committing suicide with the view of joining her in the next world. This *manie raisonnante* has its analogies with Bardolph's reasoning in his lamentation for his dead master:—"Would I were with him wheresome'er he is—either in heaven or in hell!"

Had this boy succeeded in his attempt on his mother's life he would have been tried, as a matter of course, for murder; and if the plea of insanity were set up we should, in all probability, have had abundant sarcasms about "the pseudo-sentimentality of the mad doctors," and what one journal, commenting on a trial, not long since, elegantly designated "the moral insanity dodge for cheating the gallows." We would have found medical men, who had seen the patient, testifying their belief in the perfect sanity and consequent criminal responsibility of the writer of the preceding diary. Very possibly, too, he might have been tried by a judge who disbelieves in partial, or so-called "moral," insanity, and a jury who believe, of course, whatever they are told by the judge; and the wholesome and salutary spectacle might have been exhibited of a human being publicly put to death because suffering from the most dire disease that can afflict human nature.

The term "moral insanity," which many might apply to the foregoing case, is often and, I think, justly objected to; but the idea intended to be conveyed by it, of insanity marked by hallucination of the moral faculties or affections, without any *obvious* derangement of the intellectual powers,

unquestionably applies to many cases. Every one conversant with the forms of insanity must have met cases in which a sudden perversion of feeling sets in and hastily changes the natural disposition and character of individuals whose minds still preserve the semblance of reason, while their moral conduct or natural affections become so unaccountably changed. The phrase itself, "moral insanity," seems to me a most unhappy one, however. For, although cases do sometimes occur, as within the last few weeks we have had a notable instance, in a recent trial in Dublin, in which disorder of the moral faculties alone is apparent, it does not follow that disease of other mental faculties does not co-exist with this moral disorder, though not so evident. Moreover, the very serious objection has been urged that the idea of "moral insanity," if widely extended, would lead to the fearful doctrine, that crime is generally the result of an involuntary and irresistible mental malady by which all freedom of volition and of action are destroyed, and, that crime and madness being synonymous, men are, consequently, not responsible for their evil actions.

Instead of the numerous terms used to describe the various types and forms of insanity—and which seem to me, although, doubtless, of value to the psychological physician, calculated rather to embarrass and perplex, than to aid the medical witness in courts of law—I would venture to suggest that, for medico-legal purposes, unsoundness of mind, not including mental deficiency or idiotcy, should be divided into the two classes only, of general and partial insanity; the latter being the only one in which medical evidence is needed in cases of crime ascribed to insanity.

A madman is, it may be presumed, one in whom the faculties, or any one of them, which should regulate and point out his relations and behaviour towards God, his neighbour, or himself, are either lost or impaired by disease.

Obviously, such a person cannot be considered as either morally or legally responsible for his actions. For to be responsible for an act it is essential that the person committing it should possess liberty of will as well as of action, which a lunatic does not enjoy, or he would be none.

But besides the state of mind in which a man is responsible for his acts, or sanity, and that condition in which he is not accountable for them, or insanity—there is a third condition of mind in no way provided for by our law, and which seems not sufficiently recognized even by the medical profession. I allude to what Baron Von Feuchtersleben terms, "a state of half freedom." That is a state of transition between the healthy and unsound mind, either preceding or following insanity. In this state the patient is only partially able to exercise self-control, and therefore is but partially responsible for his actions. This peculiar condition of mind should be recognized by law in this country, as it is in France, where on a jury bringing in a verdict of "plus innocent que conpable," the Avocat-Général may order an investigation into the

state of mind of the prisoner, and award a punishment in proportion to the real guilt of the accused.

However, although insanity is too often punished as crime, on the other hand, crime sometimes shelters itself under the disguise of insanity. For my part I am not one of those who share Lord Hale's opinion, that "all crime is the result of partial insanity:" a dogma which appears to me not only subversive of the principles of all religion, and dangerous to society, but at variance with common sense.

Mere passion is not madness. Nor should any, so called, irresistible impulse, not connected with a diseased brain; nor any emotion or custom which is not of itself a proof of insanity, be considered as conferring immunity from the just punishment of crime. None are free from passions or impulses, which if they be not checked may become almost irresistible from habit, and may lead to crime. But in such cases the perpetrators of crimes being accountable for the acts by which the control over the passions was originally weakened, they are equally accountable for all the consequences that may arise therefrom. A madman is not thus responsible, not being answerable for the diseased action in his brain whence the insane act proceeds.

The law of England, as laid down by the judges in their reply to the queries of the House of Lords on this subject, is—that if the perpetrator of an action is capable of distinguishing right from wrong at the time he committed it, he is legally responsible for it, even though he may be partially insane. The following are the words of this decision:—1st. "Notwithstanding that the party committing a wrong act, when labouring under the idea of redressing a supposed grievance, or injury, or under the impression of obtaining some public or private benefit, he was liable to punishment.

2nd. "That before a plea of insanity should be allowed, undoubted evidence ought to be adduced that the accused was of diseased mind, and that at the time he committed the act he was not conscious of right or wrong." . . . . "Every person was supposed to know what the law was, and therefore nothing could justify a wrong act, except it was clearly proved the party did not know right from wrong. If that was not satisfactorily proved the accused was liable to punishment."

The 3rd question was not answered, and as it was purely legal need not be quoted.

4th. "The judges were unanimous in opinion, that if the delusion was only partial, that the party accused was equally liable with a person of sane mind. If the accused killed another in self defence he would be entitled to an acquittal; but if committed for any supposed injury he would then be liable to the punishment awarded by the laws for his crime." [a]

[a] Hansard's Parliamentary Debates, 1843.

The 5th and last question refers to the examination of experts as to the patient's state of mind at the time when he committed the crime, and, with the exception of Justice Maule, it was decided that the question was one for the jury, and should not be put to the witness except under certain special conditions.

Similar views have been at all times promulgated from the judicial bench in England. On the trial of Arnold, in 1723, for shooting at Lord Onslow, Mr. Justice Tracy stated, that a lunatic to be exempted from punishment for his acts "must be a man that is totally deprived of his understanding and memory, and doth not know what he is doing no more than an infant, than a brute, or a wild beast."[a] In 1812 Mr. Justice Le Blanc, in a case of murder tried before him at the Old Baily, instructed the jury thus:—"Provided you should be of opinion that when he (the prisoner) committed the offence he was capable of distinguishing right from wrong, and was not under the influence of such a delusion as disabled him from distinguishing a wrong act, in that case he was answerable to the justice of his country, and guilty in the eye of the law." Chief Justice Mansfield, in his charge in the case of Bellingham, who was tried for the murder of Mr. Percival, told the jury that if the prisoner fancied the existence of an imaginary injury, and sought redress for this by some illegal act, but "was capable in other respects of distinguishing right from wrong, there was no excuse for any act of atrocity he might commit under this description of insanity;" and Lord Lyndhurst, on the trial of Offord in 1831, expressed his coincidence with Chief Justice Mansfield's charge; and, further, informed the jury that they would not be justified in acquitting the prisoner on the ground of insanity unless they could answer this question in the negative, viz.:—"Did the prisoner know that in committing the act he offended against the laws of God and man?"[b] Sir William Follet, then Solicitor-General, who prosecuted M'Naughten for the murder of Mr. Drummond in 1843, stated the law to be that "to excuse him (the prisoner) it will not be sufficient that he laboured at the time under partial insanity, that he had a morbid disposition of mind which would not exist in a sane person; that is not enough; if he had that degree of intellect to enable him to know and to distinguish right from wrong, if he knew what would be the effect of his crime, and if with that consciousness he wilfully committed it."[c]

On the memorable trial of Townley, convicted of the murder of Miss Goodwin in 1863, Baron Martin addressing the jury said:—"In his opinion the law was best laid down by Justice Le Blanc, as able a judge as ever sat on the bench. Justice Le Blanc, in the case alluded to, observed to the jury that it was for them to determine whether the

[a] Hargrave's State Trials, 322; and Collinson on Lunacy, Vol i., p. 672.
[b] Corrinton and Payne's Reports, Vol. v., p. 168.
[c] Annual Register, 1843—Law Cases, p. 347.

prisoner, when he committed the offence with which he stood charged, was incapable of distinguishing right from wrong, or under the influence of any illusion which rendered his mind insensible of the nature of the act he was about to commit. Since in that case he would not be legally responsible for his conduct. On the other hand, provided they should be of opinion that when he committed the offence he was capable of distinguishing right from wrong, and not under the influence of such an illusion as disabled him from discerning that he was doing a wrong act, he would be amenable to the justice of his country, and guilty in the eye of the law." [a]

This "knowledge of right and wrong" which is made the legal proof of criminal responsibility is, perhaps, as fallacious a test of mental sanity as could well be devised. The majority of the inmates of our lunatic asylums have, to a certain extent, the power of distinguishing between right and wrong. For they often adopt precautions and practice concealment when doing acts they know to be wrong, thus clearly showing that they are aware of the impropriety of their conduct, and are anxious to escape its punishment. And yet, such patients may, in other respects, be obviously insane.

The expounders of our law appear to me in this point to confound conscience with consciousness. How is this abstract "knowledge of right and wrong" to be decided? Is it by the conscience of the accused? or by public opinion which differs so widely in different times and places? or by the civil law, which in one state makes that a crime which in an adjoining country may be none? Is the question to be tried by the divine law, acting in self-supposed conformity to which, men, otherwise of sane mind, have conscientiously perpetrated actions which the great bulk of mankind regard as reprehensible? Surely, therefore, the so-called knowledge of right and wrong cannot, of itself, be regarded as a sufficient test of sanity and consequent responsibility.

It would be easy to quote numerous cases in illustration of the consequences of the inhumane law that has reigned and still is enforced in England, with reference to criminal lunacy. I shall, however, content myself with alluding to some of the most notorious cases in which either the sentence of death has been pronounced, or has actually been carried into execution, on persons in the state of madness.

It will hardly be necessary before giving these cases to prove that it can be neither lawful nor expedient to inflict punishment on a lunatic. Although I might quote curious passages from Hansard's Parliamentary Debates (Volume 67) to show that this practice has been vindicated by a Right Rev. Prelate who undertook the Christian office of proving that dangerous lunatics should be dealt with after the fashion of mad dogs,

[a] Annual Register, 1863—Law Cases, p. 308.

and should be destroyed for the good of society. But as this humane sentiment is not often so explicitly avowed, I shall merely quote the words of two eminent lawyers:—

"The only way to look at the punishment of death," says Lord Wharncliffe in his evidence, "is to say—is it an example or not? If an example, it is defensible; if it is not, it is not defensible."[a] There can be no question that a madman, not being under the dominion of reason, cannot be acted upon by the force of example, and thus deterred from an insane act. And, therefore, any punishment is unjust; for, as Mr. Stephens says—"The end or final cause of human justice is not, by way of atonement or expiation for the crime committed—for that must be left to the just determination of the Supreme Being—but as a precaution against future offences of the same kind."[b]

It seems to have been generally admitted that Bellingham, who was tried for the murder of Mr. Percival, was improperly executed, the application of his counsel for a short postponement having been refused, although witnesses could have been then produced to prove clearly his insanity. The case of Bowler affords another example of the execution of a madman subject to epileptic fits, and exhibiting all the symptoms of mania. Baron Alderson afterwards, at the trial of Oxford, justly remarked, with reference to the last case:—"Bowler was executed, I believe, and very barbarous it was." In the case to which I have already referred, which was tried before Mr. Justice Le Blanc, at the Old Baily, 1812, a prisoner was charged with shooting at a man named Burrowes, and although a commission of lunacy had found him insane only one month before he committed the offence, still the jury brought in a verdict of guilty, and he was accordingly condemned and executed.

John Barclay who was executed at Glasgow in 1833, was also of unsound mind. He was familiarly known as "Daft Jack." The clergyman of the parish had always regarded him as imbecile. He thought that a watch was a living animal; and that there was no distinction between killing an ox and killing a man. Yet, although Barclay's weakness of mind was recognised both by the judge and by the jury, who, on that ground recommended him to mercy, still he was condemned and executed on the plea, forsooth, that "he knew right from wrong."

John Howison, who was tried before the High Court of Justiciary in Scotland, in December, 1831, and convicted of the murder of the widow Geddes, and subsequently executed—was undoubtedly insane. He was a peddler, and up to a certain period was a man of orderly habits and ordinary manners; immediately after a fever his habits changed completely. He became morose, silent, fond of solitude, and superstitious, wearing a Bible tied to his head, or dangling from his wrist. He sprinkled salt on

[a] Evidence of Lord Wharncliffe—Commissioners' Report, 1836, p. 96.

[b] Stephens—New Commentaries on the Laws of England, Vol. iv., p. 64.

his bed, and used to sit for hours brushing away imaginary flies. His appetite became enormous, and he contracted a craving for blood, and would eat an incredible quantity of bullock's liver nearly raw, and slept always with weapons under his head. At one time he became a Quaker, but during the worship would sit muttering to himself, and running pins and needles into his wrists and arms, would suck the blood with great gusto. Moreover, he complained of pain and uneasiness in the head. The crime for which he suffered was apparently quite motiveless; and he accused himself of eight other murders, none of which had ever occurred.[a]

In 1862 Charles Foulkes was tried for the murder of Daniel Stone at Walditch on the 29th of August. Immediately after the murder he had atttempted to shoot himself. There appeared to be no motive for the act, except that he had some vague notion that people, and his victim among the number, laughed and jeered at him. Dr. Tuke, who examined the prisoner, said:—"My examination left no doubt on my mind but that he is at this moment of unsound mind. . . . . I do not believe him responsible for his actions." The judge's charge in this case was the strongest proof of the incompetency of an unprofessional tribunal to deal with cases of lunacy. He told the jury:—"Although you may be satisfied that this man had some insane delusions; yet if at the time he did this act he knew the nature of that act, and what the consequence would be, and also that it was wrong, then it is your duty to find him guilty." This criminal lunatic was accordingly found guilty, and sentenced to be hanged.

At the Maidstone Assizes, at the same time (1862) a lad aged eighteen, named Burton, was tried for the murder of a boy, between nine and ten years old, on the Chatham Railroad. The prisoner had given himself up voluntarily. There was no cognizable sane motive whatever for the crime. The prisoner having expressed an insane desire of being hanged, had apparently committed the murder solely to accomplish that object. Burton's mother had been twice in a lunatic asylum; his brother was foolish; and he himself was generally considered of weak mind. Medical evidence was given which sustained this opinion. But Mr. Justice Wightman, in summing up, is reported to have said, that the prisoner "was supposed to desire to be hanged, and in order to attain that object committed murder. That might show a morbid state of mind but not delusion. Homicidal mania, again, showed no delusion." So, accordingly, Burton was found guilty, and sentenced to be hanged.

George Victor Townley, who was sentenced to death at the Derbyshire Winter Assizes in 1863, for the murder of Miss Goodwin, a young lady to whom he had been engaged to be married, was described as being "a man of very quiet and refined manners, a good linguist, and an

[a] Edinburgh Medical and Surgical Journal, Vol. xxxviii., p. 51.

accomplished musician." The defence set up was insanity. Some members of the prisoner's family were proved to have been mad. Dr. Winslow in his evidence said:—"His (the prisoner's) moral sense was more vitiated than I ever saw that of any other human being. . . . . I think that at this present moment he is a man of deranged intellect." Similar evidence was given by others; and his conduct after the murder, when he gave himself up to justice, assisted to carry home the body of Miss Goodwin, and then took tea with her grandfather, was also ably set forward by his counsel as proof of insanity. The jury, however, took only five minutes to consider the case, and returned a verdict of guilty, and he was sentenced to death. The presiding judge, Baron Martin, next day made a communication to the Home Secretary, the result of which was that forty-eight hours before the time fixed for his execution he was examined by the Commissioners in Lunacy, who reported, "that (for certain reasons given) the prisoner could *not* be considered as being then of sound mind; but that according to the law, as laid down by Baron Martin, which was in accordance with the highest legal authorities on the subject, he was responsible for his actions!!!" Most fortunately the same post brought a certificate, signed by three magistrates and two medical men, in accordance with the 3rd & 4th Victoria, cap. 54, testifying to the insanity of Townley, who was respited on this report.

The subsequent proceedings in this case are not a little curious. Thirty-nine visiting justices of Derbyshire, with an enthusiasm worthy of Dennis, the hangman in *Barnaby Rudge*, signed a strong protest against the respite. Public meetings were held, at which, and in a large section of the press, a torrent of invective was showered upon Sir George Grey, on those who had signed the certificate of lunacy, and on those who had given evidence of Townley's insanity. The effect of all this was, that a second commission were appointed to again report on the prisoner's mental condition. These gentlemen came to the conclusion that Townley was of sound mind, and he was again in danger of being executed. Ultimately the sentence was commuted to penal servitude for life, and, finally, this wretched lunatic, by committing suicide in prison, justified the opinion of those who pronounced him mad.

In the Official Report on Irish Prisons for 1864, p. 8, I find the following case, ably reported by Mr. Lentaigne, the Inspector-General of prisons, which, although less certainly a case of insanity than those I have already alluded to, is one, at any rate, very closely resembling some of those very remarkable cases mentioned by Dr. Winslow, and other psychologists, in which murder has been connected with the influence of some impression made on the mind in sleep by a dream. Dreaming, I may here remark, being a state that presents many analogies with insanity.

Mr. Lentaigne says:—"In April, 1864, an execution took place in

front of this (the Cavan) gaol, for a murder committed on the 23rd January, under circumstances well deserving attention, as connected with penal legislation. Bernard Cangley lived, fourteen years ago, as farm-servant with Peter Reilly, a farmer, in comfortable circumstances. During that period an ass, belonging to Reilly, bit the left hand of Cangley so severely that it had to be amputated. On his recovery he demanded compensation, which Reilly refused to give. Soon after, as I understand, Cangley went to America, but returning, was convicted of cow-stealing at Trim, and sentenced, on the 9th July, 1861, to three years' penal servitude. During the entire period of his detention in the convict depôt he never commited a single breach of prison rules; and on one occasion, when a fellow prisoner was guilty of an offence, he gave information to his warder. On the 9th January, 1864, he was liberated on license, and, after remaining a few days in Dublin, went to Reilly's house in Cavan, where, on telling his name, he was treated with the greatest hospitality and kindness, and asked to sleep on the loft with the servant boy. Between two and three o'clock in the morning he came down from the loft, only half dressed, saying, "he could not sleep as there were lights or flashes of fire outside the house." Reilly got up to see what was the matter, and was immediately stabbed to death by Cangley, who also stabbed Reilly's wife when she came to her husband's assistance. He then fled, having only his shirt and trousers on, and at once gave himself up at a police barrack some miles distant, saying, "he had stabbed Reilly." The greatest pains were taken by the convict authorities to ascertain if, during the period of his imprisonment, he had ever shown the slightest indication of insanity, but all the medical officers of the convict depôts agreed he was perfectly sane, and the prison officials in Cavan are of the same opinion. It is, therefore, evident that either he had nursed his revenge for the injury during nearly fourteen years, or else on the night in question some sudden impulse had roused him to commit the crime, even at the sacrifice of his own life; but this is negatived by the fact of his having the knife in his possession. The case is one of those psychological phenomena, the facts of which should be truly recorded, especially at a time when acquittals, on the grounds of insanity, are so easily obtained."

The Inspectors-General, however, evidently feel themselves in some degree restrained by public opinion, but they observe, in the above quoted report, that acquittals in similar cases are not sufficiently easy (query possible) to be obtained.

On the 20th of December, 1865, Stephen Forward, alias Southey, who was charged, in August last, with the murder of three boys in London, and also of the murder of his wife and child a day or two after at Ramsgate, was arraigned, tried, and found guilty, before Mr. Justice Mellor, at Maidstone, on the latter charge. The particulars of this case

are too familiar to all of us to need any *precis* of the facts. And the execution of this wretched man appears to me, in itself, a terrible commentary on the injustice of our laws relating to the investigation and punishment of criminal lunacy.

The last of these cases which I shall refer to is that of Andrew Brown, who was tried before the High Court of Justiciary at Edinburgh, last assizes, and executed at Montrose in January, 1866. The prisoner was the mate of the schooner Nymph, and was tried for the murder of the captain of that vessel, at sea, off the Forfarshire coast.

On his trial the prisoner pleaded generally "not guilty," and pleaded specially that at the time the act was committed he was labouring under temporary insanity.

The following is the substance of the evidence:—

"John Pert, sailor, deponed,—I was engaged, on the 4th of September, to go a voyage on board the steamer Nymph, of Montrose. There were on board, besides myself, Alexander Reaburnes, Andrew Brown (the prisoner), and John Greig (the master). The prisoner was mate. I first saw the prisoner two or three days before we sailed. We were all sober when we sailed. The prisoner was so, so far as I saw. I had seen him every day for two or three days before that, and had not observed him to be the worse of drink. The master was asleep and snoring when he was killed. Brown slipped forward and went to the forecastle. I did not see him come aft, but I found afterwards that he had slipped behind me. My attention was first directed to that by hearing two heavy blows. I looked over my right shoulder on hearing them, and saw the master's head lying in two halves. I was stunned for a little bit; and Brown, who had the axe up, let it down again before I could get hold of him. The two blows I first heard were given quickly one after the other, and the prisoner had the third blow struck before I had time to interfere. I then rushed into the bulwarks and took the axe out of his hand and threw it overboard. The master was apparently dead by this time. After I had thrown away the axe Brown said:—'I have done the deed, and I will have to suffer for it.' *A few minutes afterwards he asked me if I would come and see him hanged. About five minutes after I had seized the axe from him he said, 'Jack, it is a good job you got the axe, or else you would have got the same.'* I had a good twist with him before I could get the axe out of his hands. When I was struggling with him he did not speak. I am sure he was sober at that time. I do not think he had much drink that day. Before we went to dinner on shore we had had a drink of ale together, but that was all. The prisoner then took the helm, and steered the vessel for Stonehaven. He spoke about his mother, and in course of conversation, said, but that he wished to see her he would go over the side. I understood by that he would drown himself, but that he wanted to see his mother. He asked the loan of a shilling from me after we

passed Bervie, and said he had a sixpence, and he would give one shilling and sixpence to his mother. He said it would be the last money he would ever give her. He asked Reaburnes and me to wash up the blood, which we did. After the disturbance that had taken place on board we were afraid of Brown. He asked me if I would come to see him hanged. I made no answer. He was not weeping at any time. He said, '*Jack, I am going stark mad—out of my mind.*' This was said about two hours after the deed, and while he was steering."

Alexander Reaburnes corroborated the evidence. He said:—"Prisoner told us, '*I'm master of the ship, and want to go to Stonehaven to see my mother.*' *We tried to get from him, the best way we could, the reason for the murder, and he said, with great violence, and slapping his breast,* '*I have another to kill.*' *We asked what he had done this for. He simply replied, in a lamenting way,* '*I have done the deed, and will have to suffer for it.*' We asked him who the other person was he had to kill, but he would not tell us. I do not think he meant himself. *I did not observe any difference in his spirits after the murder. He was not like a drunken man.* He was not swearing or using any harsh language during the afternoon. In sailing into Stonehaven he always gave the orders, and gave them correctly. If this deed itself had not been done, there would have been nothing about him to attract attention at all."

Cross-examined.—"*I saw no exhibition of ill-feeling between the master and the prisoner.*"

"Evidence was then called for the defence, to show that the prisoner had sustained a fall in boyhood, and that he had had a fall four years ago which led to a surgical operation; that a block had fallen on his head about a year ago, and that he had suffered other bodily injuries, which had, his sisters deponed, changed his disposition from cheerful to sullen, and that he had gradually fallen into habits of drinking. The witnesses stated that very little drink produced great excitement in the accused, and some thought he was not right in his mind. As one witness expressed it, 'The dram went to his brain.'"

A verdict of guilty, however, was brought in, in face of this testimony, and the prisoner was sentenced to be executed on the 31st of January.

The foregoing cases in which sentence of death was pronounced or carried into execution on madmen might be very easily multiplied, but I think I have brought forward quite enough to prove that, by the laws still enforced in England, human life has often been judicially sacrificed, and death has been made the punishment of the most dire calamity that can befal man; an affliction, too, which may visit the best and wisest of mankind, and against which no precaution can be taken, and no means of prevention adopted—the loss of reason.

We are often told that the inhumane and barbarous customs of our ancestors would not now be tolerated by the advanced civilization and

enlarged philanthropy of the nineteenth century. But I greatly fear that any one who considers the subject which this paper treats of will find too much evidence to prove that we overrate the moral effect of the superior civilization of the present day, and its influence in restraining the evil passions of human nature—its cruelty and desire for vengeance, and not for justice. It is true that the insane are no longer lashed and chained in madhouses as they were formerly; but it is not less true that they still may be, and often are, hung by the neck until they are dead, in punishment for acts committed under the impulse of madness.

I trust that, by the foregoing observations, I have succeeded in showing how uncertain and unjust is our present law in reference to the criminal responsibility of the insane; but a recent official document, the *Report of the Capital Punishment Commission*, 1865, proves far more cogently than I could do so, the necessity of an amendment of the laws relating to, and the mode of determining, the mental capacity of criminals charged with capital offences. In the 18th section of that report the Commissioners say:—

"18. There are other questions of great importance upon which we have taken evidence, viz.:—(1.) The propriety of allowing an appeal on matters of fact to a court of law in criminal cases. (2.) The mode in which the crown is advised to exercise the prerogative of mercy by the Home Secretary. (3.) The present state of the law as to the nature and degree of insanity, which is held to relieve the accused from penal responsibility in criminal cases. It is obvious that these difficult questions are not confined to capital crimes only, but pervade the whole adminstration of criminal law. They therefore require a more general and comprehensive treatment than the terms of the commission under which we act will admit. We think, therefore, that while we should not be justified in making any recommendation to your Majesty on any of these points, we should fail in our duty did we not humbly solicit your Majesty's attention to them as requiring further investigation."

It, however, can surely need little evidence to prove that laws which are connected and deal with a scientific question, and which were enacted when that branch of science was in its infancy, and are in a great measure founded upon the false theories and imperfect knowledge of the time when they were made, are now far behind the present state of psychological information, and therefore require revision. To amend the present state of the law of criminal insanity I would propose two very short and simple, yet, I believe, most effectual, measures, viz.:—

1st. The 64th article of the French code should be adopted by our law in its entirety.

2nd. The question of madness should be decided by a tribunal of experts.

The article of the Code Napoleon to which I refer is as follows:—

"Il n'y a ni crime ni délit, lorsque le prévenu etait en etât de démence au temps de l'action." [a]

In the State of New York a similar law has been long enacted:—

"No act," says this statute, "done by a person in a state of insanity can be punished as an offence, and no insane person can be tried or sentenced to any punishment for any crime committed in that state." [b]

In cases in which the defence of insanity is set up, the English law, as laid down by Mr. Justice Mellor, on the trial of Southey at Maidstone, December, 1865, is, that "the question of the fitness of the prisoner to be tried should be determined before he was called on to plead. But in a case which occurred before his brother Blackburn, where it arose in the course of the trial, he put both questions at the end of the trial—whether the prisoner was in a fit state to be tried, and whether he was guilty or not guilty. There would be a great loss of time and great inconvenience in having the question tried twice over." [c]

By the 39th of George III., cap. 44, it is provided that—"If on the trial of any person for murder or felony, he appear to the jury charged on the indictment to be insane, the Court may order the finding to be recorded, and that he be kept in custody till Her Majesty's pleasure be known." It was moreover enacted by the 39th and 40th George III., cap. 94, and also by the 3rd and 4th of Victoria, cap. 54, that, even after sentence has been pronounced, "it shall be lawful for any two justices of the peace of the county or place where any person under sentence of death is confined, to inquire, with the aid of two physicians or surgeons, as to the insanity of such person; and, if it shall be certified by such physicians and surgeons that such person is insane, it shall be lawful for one of Her Majesty's principal Secretaries of State to direct, by warrant, that such person be removed to a proper receptacle for insane persons." This, however, was merely a permissive law, and was so seldom acted upon that when it was put in practice in the case of Townley, the press and public opinion were vehement, and almost unanimous in their condemnation of those who had ventured to save thus, a madman from the gallows. By the 27th and 28th of Victoria, cap. 29, an important modification was made in the law, by which the power of medical inquiry into the state of mind of persons under sentence of death was confined to physicians and surgeons specially appointed for this purpose by one of her Majesty's Principal Secretaries of State.

The second point on which I would insist, namely, that the question of insanity should be decided by experts, is unhappily opposed by the weight of public and legal, as distinguished from humane and scientific, opinion.

[a] French Penal Code, Article 64.

[b] Revised Statutes, vol. ii., p. 697.

[c] The Times, December 21st, 1865.

There is, unfortunately, a great aversion to the reception of medical evidence in cases of insanity, and such testimony carries little weight with either the judges or juries in most cases.

The opinion tersely expressed by Lord Chancellor Westbury, in the House of Lords, not very long since, when he spoke of "the vicious principle of considering insanity as a disease," seems to prevail widely in this country. The Earl of Shaftesbury, in his evidence before the select Committee of the House of Commons on lunatics, went so far as to say:—"For my own part I do not hesitate to say, from very long experience, putting aside all its complications from bodily disorder, the mere judgment of the fact whether a man is in a state of unsound mind, and incapable of managing his own affairs, requires no professional knowledge. My firm belief is that a sensible layman conversant with the world and with mankind can give not only as good an opinion, but a better opinion than all the medical men put together. I am fully convinced of it." At the trial of Foulkes for murder, in August, 1862, the learned judge thus instructed the jury:—"If common sense is not to decide, you ought not to be in that box; as juries do not pretend, and are not expected to have any scientific knowledge. . . . . You are not to be deprived (added the judge to the jury, proudly swelling with the sense of their own sagacity and importance) of the exercise of your common sense, because a gentleman comes from London and tells you scientific sense." Accordingly the jury exercised this common sense, and showed their proper contempt for science by finding a man, stark mad, guilty of murder.

It would, of course, be misplaced and unnecessary here to stop for the purpose of discussing the necessity of scientific evidence, and the fallaciousness of those views which lead to its rejection. That insanity is a disease is patent enough to medical men who are well acquainted with the intimate connexion of mind and body; the relation which the health of the latter bears to that of the former, and the influence exercised by medicine over the diseased conditions of both; but it would take more time than I have now at my disposal to prove this proposition to lawyers and jurymen equally ignorant of physiology and psychology.

The difficulty of recognizing insanity, and of distinguishing between real and feigned insanity, and the consequent danger that under the plea of unsoundness of mind, madness may be feigned, and thus lead to the immunity of criminals, is probably the explanation of the reluctance with which judges and juries generally entertain that plea. This very difficulty is, however, the most powerful argument against the present system of dealing with such cases.

Nothing can probably require more discrimination, care, and tact than the recognition of some of the less evident forms of mental disease, or than to distinguish between real and simulated insanity. Such knowledge of the human mind cannot be acquired without special training and

experience. And even with such training it is often a matter of extreme difficulty to discover evidence of insanity when delusions the most strange and strongly impressed on the mind actually exist. I was recently requested to visit a gentleman in a lunatic asylum near Dublin, for the purpose of signing a certificate. Yet such was the insane cunning with which he managed to conceal his madness, that although I was previously aware of the nature of his delusion, and conversed with him on the point for an hour, and though he presented the peculiar aspect of insanity which is more familiar to the attendants on the insane, than easy to describe, still I felt obliged to leave without signing the certificate. I, however, subsequently sought an opportunity of again seeing this man, and then, at a single interview, ascertaining his madness, signed the paper. This I mention only as one of the instances which almost every practitioner meets with, showing the difficulty of pronouncing a person sane or mad.

No rational man would be likely to take the opinion of a jury of grocers, publicans, or tallow chandlers, as to whether his lungs were sound, or his watch in order, in preference to those of a physician or a watchmaker. And yet a question far nicer than either of those, the question of a man's healthy or diseased psychological condition—of all scientific investigations the most delicate and difficult—is, by the laws of England, left to the decision of such persons, assisted by a judge whose knowledge, however extensive it may be in legal matters, is hardly, if at all greater than theirs on any department of medical science.

But besides the foregoing, there is, I think, another cause assignable for the unfavourable opinions expressed by lawyers and judges as to the value of medical evidence in cases of insanity. They, perhaps, may consider that medical men, when employed either by the government as witnesses in cases of alleged criminal lunacy, or by either party to a private case of imputed insanity, may, and very likely unconsciously, be influenced by the fact of being produced or preferred by one side or the other—and thus sometimes, it may be, have the opinions they express more or less affected by the views of their employers.

On such occasions, and when placed in such a position, medical men should, however, bear in mind what they are, and consider themselves as members of a pre-eminently exalted, ennobling, and humanizing profession, having the sacred offices of a high and holy calling to perform, and bound at all hazards, and at every sacrifice of self-interest, to sustain the ends of truth and justice alone.

As lawyers predominate in the legislature, we can hardly hope to wrest the question of lunacy—although it is as medical a question as fever or consumption—from their control, but still something might be affected towards reforming and obviating the recurrence of the abuses I have indicated. If the voice of the profession were unanimous in urging the great importance of the subject on public attention, it might be possible

to obtain the appointment of medical assessors in lunacy, who, as the nautical assessors do in marine cases, should advise the court on all professional points. This would to a great extent do away with the necessity for the examination of numerous witnesses in lunacy cases, save the public time, and would avoid the perplexing contradictions of conflicting professional opinions.

There are many other topics connected with the subject of insanity and criminal responsibility which my space prevents my even alluding to. I shall therefore conclude with expressing an earnest hope that a wiser and more humane spirit may before long pervade the laws of this country relating to so-called criminal insanity; and that the most terrible punishment that man can inflict shall no longer be awarded to the most unfortunate of all victims of disease.

ON

PUERPERAL MANIA.

BY

THOMAS MORE MADDEN, M.D., M.R.I.A.;

EX-ASSISTANT PHYSICIAN, ROTUNDA DUBLIN LYING-IN HOSPITAL; M.R.C.S. ENG.; L.K. & Q.O.P.I.; L.F.P. & S. GLAS.; FORMERLY DEMONSTRATOR OF ANATOMY, CARMICHAEL SCHOOL OF MEDICINE; CORRESPONDING FELLOW OF THE OBSTETRICAL SOCIETY OF EDINBURGH; CORRESPONDING MEMBER OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON, U.S., ETC.

(*Reprinted from the 'British & Foreign Medico-Chirurgical Review,' Oct.*, 1871.)

LONDON:
PRINTED BY J. E. ADLARD, BARTHOLOMEW CLOSE.
1871.

On Puerperal Mania. By Thomas More Madden, M.D., M.R.I.A., Ex-Assistant Physician, Rotunda, Dublin Lying-in Hospital; M.R.C.S., Eng.; L.K. & Q.C.P.I.; L.F.P. & S., Glas. Formerly Demonstrator of Anatomy, Carmichael School of Medicine; Corresponding Fellow of the Obstetrical Society of Edinburgh; Corresponding Member of the Gynæcological Society of Boston, U.S., &c.

Puerperal mania is one of the most formidable, and not least frequent, diseases of childbed. Having had an extensive opportunity of studying this malady in the great maternity hospital with which I was connected, I now submit the following observations, made for the most part at the bedside, in the hope that they may be considered of some practical interest.

In ordinary private midwifery practice puerperal mania is by no means so frequently met with in proportion to the number of cases attended, as it is in the practice of a large metropolitan lying-in hospital. The reason for the difference in this respect between private and hospital obstetric practice is, that in the former the patients are generally in better circumstances and social condition, having less mental anxiety and physical privation than in the latter, especially if the public institution be one where every parturient woman who seeks admission is received without question. In such an institution the majority of patients are married women of the poorest class; wives of labourers and artisans, often broken down physically, and depressed mentally, by poverty and hardship. But besides these, there are also admitted a considerable number of unmarried women not unfrequently the victims of seduction, who come into the hospital to seek a shelter in the hour of labour, hoping at the same time to hide their shame and pass unnoticed in the crowd of patients. The records of the hospital prove conclusively that these latter are the most frequent subjects of puerperal mania.

During labour, at the termination of the second stage, when the child is passing through the vulva, there frequently occurs a paroxysm of high mental excitement, which some describe as a form of puerperal mania, but which is merely the transitory delirium of intense pain. This symptom is very commonly observed during labour, and is too transitory in its effects to require any special notice.

As the term puerperal mania has been applied to cases which I do not consider within the scope of this paper, I may, in the first place, observe that the subject of this communication is the etiology, pathology, and treatment of mental derangement occurring as a consequence of parturition, and within the period during which the

physiological changes which take place in the uterus and its appendages after delivery are still going on.

I am of course aware that by many writers on the subject the term puerperal mania is understood to include those forms of mental disturbance which occur occasionally during pregnancy; and also that more common cerebral affection which sometimes results from over protracted lactation. These cases, however, I regard as distinct affections from that which forms the subject of the following observations:

Etiology of puerperal mania.—The causes of puerperal mania may be divided into predisposing, exciting, and proximate. The last term, although now so generally discarded, I have still retained, as it appears to me to express most appropriately the immediate, or essential, physical change, which, as will presently be seen, I regard as intimately connected with the malady now under consideration.

In many of the cases of puerperal insanity which have come under my observation, no predisposing cause was ascertained to exist. But in others, and these the larger number of cases, the disease in question was evidently connected with physical want and mental distress. Previous mental disease and family predisposition to insanity had existed in several cases.

The average age of the patients affected with puerperal mania corresponds very closely with the period of life at which pregnancy is most frequent. Thus, of 1996 cases of puerperal mania which I have collected from various authorities, in 1239 cases the disease occurred between the ages of twenty and thirty. The number of primipara attacked by puerperal mania is greater in very young and very old women in proportion to the total number, and more especially so in persons advanced in life. The same tables also prove that primipara are more liable to puerperal mania than multipara.

The condition of the patient as to marriage appears to have a marked influence in the causation of this disease. A large proportion of the cases of puerperal mania occur in unmarried women. Thus, of the patients suffering from mania after parturition that I have seen, twelve out of twenty were unmarried. The same fact is established beyond doubt by the statistics of the disease, as may be seen by the following table:

Authority.	Total cases.	Married.	Unmarried.	Widows.
Hanwell report	415	122	263	30
Queen Charlotte's Hospital report	11	3	8	
Dr. Jacobi's report	835	156	599	80
Dr. Tuke's report	73	60	13	

The explanation of this circumstance is very obvious, and to it

may be applied the reasons by which I have elsewhere accounted for the prevalence of puerperal fever amongst unmarried patients. In their case the pangs of labour are assuaged by no moral consolation; the present is full of anguish, and the future is lighted by no ray of hope. Can we wonder that these poor creatures, predisposed to disease by the combination of every moral as well as physical cause which could depress their vital powers, indifferent to life, nay, even, as I have but too often heard them, wishing for death—should, under such circumstances, be peculiarly liable to puerperal mania as well as to metria.

The pregnant state itself appears to predispose to functional cerebral disturbances in many cases. To this fact may be referred those otherwise unaccountable alterations in tastes, habits and dispositions, that irritable condition of mind and temper, those unreasonable likings and aversions, those irresistible longings and foolish fancies which in some women invariably accompany pregnancy.

In several of the cases of puerperal mania which occurred in the practice of the hospital, and more especially in the extern practice, the shock and exhaustion of difficult or complex parturition appeared to act as the exciting cause of the disease.

In cases where puerperal mania is attended by any other puerperal disease affecting the whole system, such as puerperal fever or any of its varieties, metria, pyæmia, &c.; or where less serious puerperal affections accompany the mania, such as milk fever, hysteria, or ephemeral fever, the mania is merely symptomatic of the morbid constitutional condition of the patient, even though it may somewhat precede any manifestation of the latter. But, in the majority of cases, puerperal mania is uncomplicated by any other disease, and must be ascribed to the operation of depressing mental influences, or to the nervous shock and exhaustion consequent on parturition, or to the combined action of both causes. The nervous system being at this time in a state of peculiar tension, and the physical condition of the patient being one of depression and exhaustion, it is easy to suppose how readily, under such circumstances, the puerperal state may act as the exciting, as well as the predisposing, cause of mania.

The ordinary exciting cause of puerperal mania is the injudicious kindness of the patient's family and friends, who too often insist on being admitted to visit her. I have seen so many examples of the ill consequences of such visits in causing mental excitement that, as far as possible, I now exclude all visitors from the lying-in room until the patient is able to sit up. For the same reason all unpleasant news, or any conversation which might in any way excite her, must be avoided. I have known puerperal mania follow from a patient being allowed by an injudicious nurse to read a letter containing some unexpected family intelligence on the eighth day after delivery. With few exceptions, the cases of puerperal mania that I have seen

manifested the symptoms of the malady within the first week after delivery; and this fact is to some extent a confirmation of the old idea that the complaint in question is connected with the irritation caused by the secretion of milk, especially if this be disturbed or put back, in which case a metastasis to the cerebral system was held to take place. Dr. Horatio Storer, of Boston, has, in his recently published work on 'Reflex Insanity in Women,' with great ability advocated the view that the frequency of insanity in females is owing to reflex irritation caused by ovarian or uterine derangements. The same theory has been applied to explain the cause of puerperal mania. There can be no doubt, however, that toxæmia, or puerperal blood poisoning, plays at least fully as important a part in the causation of puerperal mania as reflex irritation does. In the great majority of these cases suppression, or diminution of the lochia, which generally became fœtid as well as scanty before disappearing, was observed. The retention of the matter which should be thus eliminated, and its circulation through the cerebral vascular system affords, I think, a not improbable explanation of many of the phenomena of puerperal mania. I must say, however, that I have seen well marked cases of puerperal mania in which there was no diminution of either the mammary secretion or the lochia.

To understand why it is that puerperal women are so liable to a peculiar and generally speaking transient form of mental disturbance, we must bear in mind that for healthy thought, or mental action, a healthy condition of the blood in circulation through the brain, as well as a normal state of the circulation itself—that is to say, a perfect freedom from any derangement of the general circulation, or local misdirection of blood which might seriously disturb the balance of the circulation, is essential. I have seen more than one case of puerperal mania which commenced apparently during the patient's sleep; and this reminds me of an observation I made in an essay of mine published some years ago, 'On Dreaming considered especially in relation to Insanity,' viz. that fearful dreams, if frequently repeated, may eventually influence the permanent state of the mind; and, considering the close resemblance between the phenomena of dreaming and insanity, which is but "a waking and active dream," we may expect that the former condition, if prolonged, might pass into the latter state. Insanity occasionally does commence in a dream that continues after the cessation of sleep, and cases are recorded in which persons recovering from mental alienation were nightly disturbed in their dreams by the same hallucinations which had previously haunted them in the waking state. "Some women, for instance," says Dr. Storer, in his recent work on 'Reflex Insanity in Women,' "are much troubled with frightful dreams whenever they are pregnant. Dr. Lowder used to relate the case of a lady who was obliged to have a nurse sitting at her bedside all night to

watch her countenance while she slept, and to awaken her as soon as she perceived her exhibiting distress under the influence of her dreamy terrors." This fact did not escape the notice of the most observant obstetric authority of the last century, in whose description of the phenomena of the disease it is alluded to, and therefore I have thought that the following extract from a manuscript report of Dr. William Hunter's Lectures on Midwifery, might be of interest. These lectures, which were reported by some member of Dr. Hunter's class during the session of 1785, are now in the possession of Dr. Johnston, the present distinguished Master of the Rotunda Hospital, Dublin.

"*Lecture* XLI. The next disease of the puerperal state to be mentioned is Phrenitis. When, upon paying our second visit, we find that the patient has had no sleep, that her pulse is not less than 100; when we inquire of her how she is, she replies that she has no complaint; we observe a remarkable quickness of her speech, her sight and hearing are also very acute, as, indeed, are all the senses to external impressions. If the lochia are present they go on naturally: the appetite remains normal, as also does the belly; in fact all the functions are now natural. In a few hours, however, violent pain in the head comes on, and often active outrageous delirium. In all cases wherein Dr. Hunter attended the disease came on in forty-eight hours after delivery. *Sometimes it attacks the woman while sleeping and dreaming.* Light and noise now make little impression. The pulse becomes more frequent, the excretions remain natural, the pupil becomes dilated. Whatever is offered her she readily swallows; the countenance remains natural, and so outrageous does she become that she frequently endeavours to leave her bed, or to spit upon those around her. Her pulse still increasing in frequency; stertorous breathing comes on, and now for the first time the attendants become alarmed for her safety. The countenance now becomes changed, the features sink, the eyes covered with mucus, and sometimes subsultus tendinum take place, sometimes also convulsions, and she at length sinks."

Bearing in mind the foregoing observation of Hunter's, the reader may understand my reason for applying to the explanation of what the old writers termed the *proximate cause* of puerperal mania a theory of my own, by which I attempted several years ago to explain the phenomena of dreaming. For it appears to me by no means improbable that the transitory mental disturbance of puerperal mania, to which more properly than to any other form of mania might be applied the observation that insanity is but a waking and active dream, is due to a similar proximate cause to the latter condition. In the communication just referred to, read before the Medical Society of the Dublin College of Physicians, I endeavoured to prove that dreams are caused by a

partial relaxation of the tonic contractility of the cerebral veins, which limits the amount of blood that passes through these vessels, and that thus the different parts of the encephalon may be in very different states of vascularity at the same time. For instance, the blood may be moving with much greater force and rapidity through the capillaries of the base of the brain than in those of the superior portions of the hemispheres; or, in other words, that something like active congestion, confined to a small portion of the cerebrum, occurs. And if, as it has been conjectured, the different parts of the brain are distinctly subservient to the several functions of the mind (a point, however, which can by no means be regarded as settled); and if, moreover, we admit that the local cerebral congestion and accompanying derangement in the balance of the cerebral circulation already spoken of may be due to local irritation produced by the action of puerperal blood-poisoning, by retained and morbidly altered lochial and other excretions that have been suppressed or diminished and decomposed so as to act as zymotic blood poisons; by this theory we might more easily comprehend the phenomena of a state in which certain of the mental powers are unduly excited and active, whilst the other faculties of the mind are for the time either blunted, perverted, or entirely suspended.

Varieties and symptoms of puerperal mania.—Two distinct forms of puerperal mania have come under my observation, viz., 1st, violent mania, attended with symptoms of inflammation of the brain or of its meninges; and, 2ndly, a low form of mental disturbance, in some cases presenting the symptoms of melancholia, in others, and much more commonly, closely resembling traumatic delirium. The acute inflammatory form is generally earlier in the period of its occurrence after labour than the low desponding type of the disease, and is, moreover, generally more favorable in its prognosis, as far as the mental condition of the patient is concerned. Two subdivisions of the disease were also noted. In the first the mental disturbance was not accompanied by any well-marked bodily complaint. In such cases it was observed that the pulse was, generally speaking, considerably accelerated, and I may here note the fact that in this disease, perhaps, more than in any other form of mental disturbance, the rapidity of the pulse may be regarded as a fair criterion of the severity of the attack. To this rule, however, I have seen some striking exceptions. The pulse in such cases generally approaches 100; when it is over 100 the case is very serious, and in the worst cases I have seen the pulse was over 120, and of these patients one died. In the form of the disease we are now considering the patient's face was generally pale, her skin cool and moist, and no headache was complained of. The accompanying delirium was usually of a low muttering character, the patient was anxious and despondING, and her condition was very similar to that of a person in typhoid

fever. It was often afterwards ascertained that patients thus affected had been victims of seduction.

In the second class of cases the disease sets in with decided evidences of pyrexia, and symptoms which might mislead an unwary practitioner into treating the case as one of active inflammation of the brain or of its membranes, requiring bold antiphlogistic treatment. In this form of puerperal mania there is usually a premonitory stage of sleeplessness and irritability of manner observed, the patient's mental powers become unduly active and her perception quicker than natural. Headache is generally complained of, she gradually becomes more excitable in manner; frequently appears in very high spirits, laughs loudly and causelessly, talks loudly and with a peculiarly rapid articulation. As the disease advances all these symptoms increase. The talking becomes a loud incessant babbling, generally on the subject of some imaginary injury or affront. Maniacal violence succeeds to mere irritabilty of manner, and is commonly directed against those whom the patient naturally holds dearest to her. Not unfrequently a homicidal tendency exhibits itself, having for its special object the destruction of the child; and if prevented from this by proper precautions, the patient, if unwatched, will probably escape from bed and may attempt self-destruction.

It is of great importance to watch for and detect the premonitory symptoms of puerperal mania, for thus detected the approaching disease may oftentimes be warded off by proper treatment. I have seldom seen a case of this kind which was not ushered in by a premonitory stage of insomnia, quickness of pulse, and an alteration in the patient's manner, which generally became discontented and quarrelsome with those about her. In some few of these cases, however, the disease appeared to commence suddenly, without any premonitory symptoms being noticed. In one case the patient awoke suddenly delirious, having been frightened in a dream, and having been apparently well when she went to sleep. In another the disease was ushered in by an attack of epilepiform convulsions, on the subsidence of which the patient was found delirious; and in a third, a determined attempt to kill the child was the first thing to attract attention to the patient's mental condition.

I may here observe that a decided aversion to some person who, if in her normal state of mind, should be dearest to the patient, and more especially to her child, was the most common and most prominent symptom, as far as my experience goes, of this disease.

Erotomania and obscenity were not very commonly observed in these cases. But in some of them obscene ideas and expressions appeared to have entire possession of the patient's mind. In one case I attended, a young lady of high social position, of remarkably religious habits, and of the purest life, whose insane salacity of

thought found expression in words which it was difficult to believe that she could have ever heard.

In most cases of puerperal mania marked derangement of the digestive functions was noticed; the patient's tongue was furred, the appetite either impaired or preternaturally large; her breath offensive, her bowels constipated, although in some cases, and these the worst, they were too free, the motions being passed unconsciously, and the evacuations unhealthy and fœtid.

Obstinate silence was a striking feature in two of my cases, the patients refusing for some days to reply to any questions, although it was obvious that they understood the observations made in their hearing and the questions put to them.

The pathology of this disease, as illustrated by post-mortem examinations, is still very obscure. The majority of cases recover; and of those who do not recover, a large proportion fall into a state of chronic insanity or dementia, and die of other causes than puerperal mania, and so Esquirol, who had numerous opportunities of making post-mortem examinations in the vast lunatic asylum under his charge, acknowledges that of the cases of this kind in which he examined the brain after death, he was unable, from the morbid appearance, to point out the cause or seat of the disease. In the majority of these cases some cerebral congestion was observed, and in the only immediately fatal case that occurred during my connection with the Dublin Lying-in Hospital, the only morbid appearance in the brain was a slight thickening and a vascular condition of the arachnoid, with considerable subarachnoid serous effusion, the exact amount of which was not measured, but which was about six or eight drachms.

Prognosis in cases of puerperal mania.—With regard to the probable result in such cases, there are two distinct questions to be considered:—1st. The probability of death from the disease; and 2ndly, the likelihood of the malady eventuating in permanent insanity.

The majority of cases of puerperal mania terminate in recovery; the next most frequent result of the disease is death from it, whilst the least common termination is in confirmed insanity.

Thus summing together all the cases of which the termination has been recorded of puerperal mania that I have either observed myself, or met with in the course of my reading on this subject, I find that out of every 1000 cases of puerperal insanity 668 recovered within six months of the attack.

The following table, framed from the reports of the most eminent writers on this subject, shows clearly the tendency of puerperal mania to terminate favorably:

Authority.	Total number of cases of puerperal mania.	Recovered.	Died.
Esquirol	92	55	6
Haslam	85	50	—
Burrows	57	35	10
Webster	181	81	—
Hardy and M'Clintock	7	6	—
Gooch	13	9	4
Johnston and Sinclair	26	18	3
Tuke	73	56	6

Treatment of puerperal mania.—With regard to the treatment of puerperal mania the indications are, 1st, to allay the nervous irritation; and 2ndly, to support the patient's strength, recollecting always that this is generally a disease of an asthenic type.

In most cases it was found necessary to commence the treatment by removing any source of irritation from the prima via by purgatives or laxative enemata, as the case might require.

It has been before observed that puerperal mania is usually ushered in by diminution, and sometimes by complete suppression of the milk and lochia, and I have attempted to explain some of the phenomena of this malady by supposing it to be the effect of the circulation through the brain of a blood poison caused by non-eliminated and altered excrementitious matters. Hence our first effort in such cases should, I think, be directed to the restoration of the suppressed discharges or secretions, or, failing in this, the substitution of some other channel for the elimination of the *materies morbi* from the system.

The renewal of the secretion of milk may be encouraged by applying the child to the breast or by the breast-pump. The lochial discharge may be stimulated by warm baths, poultices and stupes to the vulva, stimulating enemata, and cupping over the sacrum, or even, as recommended by some French writers, the application of leeches to the vulva.

Bromide of potassium, which possesses such marked power as a sedative in most diseases dependent on uterine irritation, was found very serviceable when the puerperal mania was of slight severity, or of the hysterical form. In such cases it was administered in doses of from ten to twenty grains every second hour; and by its use in this way I have, I believe, succeeded in warding off puerperal mania in cases in which all the premonitory symptoms of the disease had manifested themselves.

Chloral is, in my opinion, one of the best nervous sedatives and hypnotics that can be resorted to in the greater number of those cases of puerperal mania in which this class of remedies is indicated, and in which opium, hyoscyamus, camphor, and other similar medicines are either contra-indicated for reasons which I have already spoken of, or fail to produced the desired effect. In such cases I have some-

times given chloral with great benefit in procuring sleep and allaying nervous excitement. However, I should add that in some of the worst cases of puerperal mania in which I have succeeded in obtaining sufficient sleep for the patient by the use of chloral, the disease has continued unabated notwithstanding. In ordinary cases, from ten to thirty grains of chloral has sufficed to produce sleep. In some cases, however, I have administered ten grains every second hour till sleep was obtained, and in one very severe case, where this mode of giving chloral failed, I administered by enemata thirty-grain doses every third hour till sleep resulted, which was not until ninety grains of chloral had been thus given. But I would not again counsel such large doses of chloral to be given, as fatal results have been recorded from the administration of a much smaller quantity of this medicine.

Opium is a drug of less power in the treatment of puerperal mania, as far as my experience of its use goes, than might be anticipated from the analogy of this disease in its symptoms to traumatic delirium, or from the observations of eminent authorities, Drs. Gooch,[1] Seymour,[2] Blundell,[3] Ramsbotham,[4] Churchill,[5] and Maunsell.[6] In several of these cases opiates given in ordinary doses appeared to do more harm than good, and unless administered in large doses they rather increased the excitement than the contrary. Even in the largest dose considered prudent opium and its preparations, if they failed, as was sometimes the case, to produce sleep, appeared to increase the nervous excitement, the mania generally becoming more violent than before the opium was given. In some cases, especially of hysterical puerperal mania, I have seen opium act very well; but, as a rule, I think it should be used very cautiously in puerperal insanity.

Belladonna, in small doses of the fresh extract, may be serviceable in some cases, especially of hysterical puerperal mania; but it is a very uncertain medicine, and one which requires the greatest possible caution in its administration. I have seen very unpleasant effects produced by one third of a grain given every third hour.

Where the maniacal excitement runs high, tartar emetic, in small and repeated doses, is undoubtedly a medicine of great efficacy. I have seen violent delirium completely subdued in some cases, within a few hours, by the following mixture:

---

[1] Gooch, 'On Disorders of the Mind in Lying-in Women.'

[2] Seymour, 'Thoughts on the Nature and Treatment of several Severe Diseases of the Human Body,' p. 156.

[3] Blundell, 'Obstetric Medicine,' p. 589.

[4] Ramsbotham, 'Obstetric Medicine and Surgery,' p. 570. London, 1868.

[5] Churchill, 'Theory and Practice of Midwifery,' p. 776. Dublin, 1866.

[6] Maunsell, 'Dublin Practice of Midwifery,' p. 252. Dublin, 1869.

℞ Antimonii Potassii Tartratis, gr. j;
Tinct. Hyoscyami, ℥iv;
Aquæ Camphoræ, ℥viij.
Fiat mistura capiat, ℥; quaqua semi hora.

In some cases there appeared to be a tolerance in the system of the ordinary dose of tartarised antimony, which failed to produce any effect whatever; and in one of these cases I gave the tartar emetic in grain doses. The first grain had no effect, but the second not only quieted the nervous excitement, but, moreover, produced an alarming degree of depression of the heart's action; so that I would not be inclined to adopt this treatment again without some special necessity.

Depletion was not indicated nor practised in any of the cases on which this essay is founded.

In violent mania the application of cold to the head by constantly repeated thin cloths dipped in iced water, or an evaporating lotion, was very useful in some cases where vascular action ran high. In such cases the cold application was generally grateful to the patient, appeared to soothe nervous irritation, and to predispose to sleep.

Blisters to the nape of the neck are recommended by some writers, Ramsbotham and others, in the early stage of the disease; but my experience is not favorable to their use until the disease has passed from the acute into the chronic form, as the irritation they occasion adds but fuel to the fire if the patient be suffering the violent excitement of the acute form of puerperal mania, although they are very useful in melancholia.

As a rule, it is necessary in these cases to separate the patient from her family, and more especially from her husband and the child. This seclusion was, of course, better carried out in the hospital practice, the patient being removed to a separate ward, and better watched, than she would be in a private house.

A patient threatened with puerperal mania should never be left for a moment unwatched by a strong and experienced nurse, to guard against the possibility of her injuring either the child or herself.

In this disease, more than almost any other, it is necessary for the physician to practise the "fortiter in re" as well as the "suaviter in modo," and, though without any unkindness of manner, show the patient that it is useless to resist his orders Once this control has been established over her, it will greatly facilitate her restoration to a sane state of mind in a sound body.

The following cases are merely given as a few examples of the symptoms and treatment of the cases of puerperal mania which have come under my observation in hospital and private practice.

Appendix of Cases.

Case 1.—A lady, æt. 27, in her second confinement. There was some inertia in the second stage, and I delivered her by the forceps. Her previous confinement had taken place abroad, eighteen months before, and since then she had been in very delicate health. After the expulsion of the placenta there was considerable post-partum hæmorrhage, caused by inertia, which was restrained by the injection of solution of perchloride of iron, and the administration of ergot and wine.

On the following morning I found that she had not slept since her confinement; her pulse was about 80, and her manner irritable and excited. A draught containing twenty-five minims of Acetum opii was prescribed.

On visiting her next morning, the 22nd, her condition appeared rather worse, the draught had not produced sleep, her pulse was 100; she was exceedingly low and nervous; whilst I was speaking to her she burst into a fit of hysterical sobbing, and complained of imaginary injuries which she supposed she had received from her family, as well as from enemies who had been introduced into the house for the purpose of torturing her. I directed thirty grains of bromide of potassium in a mixture to be taken every third hour until sleep was obtained. After taking the second dose she fell asleep and slept soundly all night. In the morning (23rd) her condition was improved, the expression of her countenance was less anxious, her pulse was 80, soft, and compressible, the delusions had disappeared, but a state of great depression of spirits, with continual causeless weeping, still existed. There was no secretion of milk. The bromide of potassium was now discontinued and reliance placed on the free administration of stimulants and nourishment. She slept tolerably well that night; next morning the melancholia had entirely subsided, her spirits soon became good, and she rapidly convalesced.

Case 2.—A. S—, æt. 25, first pregnancy, was delivered of a living male child on the 24th of March, after an easy labour; the placenta was in a state of fatty degeneration, was retained for three quarters of an hour by extensive morbid adhesions. I removed it, but before I was sent for very considerable hæmorrhage had taken place, and she was in an almost collapsed condition when I arrived. Brandy and beef-tea were administered freely by the mouth and by enemata, and opiates were given.

On the 29th she became delirious, the mania was of a low wandering and talkative kind. She was capable, however, of being recalled to her senses a moment by being spoken to in a loud tone.

Her pulse was rapid, there was no abdominal tenderness. She continued in this state despite all treatment till April 3rd, when the delirium suddenly and entirely abated; she became quite calm, and was sensible of her previous condition: but next morning. April 4th, she was found in a state of collapse and unconscious at the time of the morning visit, and she died the same day at 11.30 a.m.

Case 3.—S. R—, æt. 19, first pregnancy, was delivered of a living female child after a natural labour of nineteen hours, of which only two were occupied by the second stage. She was confined on the 7th of July, and went on well until the evening of the 13th, when she was suddenly attacked by hysterical mania for which no exciting cause could be ascertained. Antispasmodics and sedatives were administered, she recovered perfectly, and was discharged convalescent on the 15th.

Case 4.—A primipara, æt. 20, who had been married a year previously to a man of very inferior station to her own, and had suddenly passed from a condition of affluence and comfort to one of poverty and privation, was delivered in No. 7 ward, on the 4th of June, 1868, of a male child, after a very easy labour, having been less than half an hour in the second stage. On the 6th she complained of slight uterine pain and her pulse was accelerated. Dr. Denham saw her, and ordered two grains of Dover's with one grain of dried soda and two grains of grey powder every third hour. On the 9th she had castor-oil and turpentine draught, but as diarrhœa came on she was ordered an astringent mixture. On the 10th she was again placed on turpentine for the same reason as before, and that evening she became excited in manner, manifested a strong aversion to the child and to her husband, for whom she expressed the greatest contempt and dislike, although he was a very fond and indulgent husband, and expressed the most kindly affection for one of the pupils and myself to him when he came to visit her. She did not sleep on the night of the 12th, 13th, and 14th, although opiates were administered to her. She gradually became worse, and on my visiting the ward on the 14th I found her exceedingly loquacious and excited. She informed me that she was a great deal better, having relieved herself by giving the child who had been ineautiously left with her "a right good smacking," as she expressed it. The child was taken from her and anodynes prescribed. On the 4th the mania was now very violent, she attempted to escape from the hospital, and her incessant shouting resounded through the corridor. She was removed to a separate ward, and placed on tartar emetic and Acetum opii in small doses every second hour. This treatment was continued for two days without any improvement, and on the 16th she was sent to the Richmond Lunatic Asylum, where she remained for six weeks, at the expiration of which she

was discharged perfectly well. She afterwards came to see me and had a perfect recollection of everything that had occurred, whilst she was suffering from the puerperal mania. About a year afterwards her circumstances became again very comfortable, her husband got a good situation in England, and before going to join him she sent for me to attend her in her second confinement, which took place in July, 1869, and passed off very favorably without any return of puerperal mania.

Case 5.—A. S—, æt. 35. Fourth pregnancy; was delivered in No. 12 ward, March 12th, 1870, at 8.45 a. m., after a natural labour of 9 hours and 45 minutes. She was only a quarter of an hour in the second stage, and ten minutes in the third stage. The child was a male, alive, and weighed seven pounds. On the 15th, appearing rather weak, she was put on wine and beef tea, and a stimulating draught with chloric ether, and Hoffman in camphor water was given in the evening. Next day I found her pale and anxious-looking, her pulse was about 100; she had no abdominal pain or tenderness over the uterus, the lochia were natural and there was abundance of milk; but on inquiry I ascertained that she had not slept for the last three nights. I accordingly ordered her the following draught:—

℞ Hydratis Chorali, gr. xxx;
Syrupi, q. s.;
Aquæ Menthæ Pip, ʒj;
Mist. Fiat haust statim sumend.

Wine and beef tea were given. After taking the draught she slept for three hours. At the evening visit this draught was repeated with similar effect. On the two following days she required nothing beyond wine, beef tea (which were continued as long as she remained in the hospital), and the ordinary anodyne draught of the hospital. During the night of the 18th, however, puerperal mania suddenly set in; this manifested itself at midnight by a sudden and determined attempt to kill her child, which was rescued with some difficulty. She passed a sleepless night, and next morning was ordered draughts with twenty grains of bromide of potassium. After taking the second of these, in the evening she slept for three and a half hours. But still she passed a bad night, and was delirious on the following morning, the 20th, when her tongue was dry and furred, her pulse rapid and small; was now rather taciturn. The bromide of potassium was repeated; but at the evening visit, as she appeared worse and the mania greater, and the taciturnity exchanged for excitement, Dr. Johnston ordered thirty grains of chloral, after taking which she appeared for a time in a state of great nervousness and fear, but soon however fell asleep, slept for nearly four hours, and awoke calm.

February 21st, the puerperal mania had completely subsided; she

was calm and rational; however symptoms of well-marked typhoid fever now manifested themselves, and she was sent to the Hardwick Fever Hospital.

Case 6. (bed 62), December 14th, 1869.—F. B—, first pregnancy; was delivered of a healthy living male child by the forceps at half-past eleven p.m. She had been eleven hours in labour, four hours in the second stage and ten hours in the third stage. The head presented in the second position, and owing to this and to rigidity of the perinæum the labour was rendered difficult.

On the 15th at midnight she complained of abdominal pain and tenderness. Her pulse 108, tongue moist and respiration natural. I ordered a draught with a drachm of turpentine and fifteen drops of Acetum opii and Chloric ether, and turpentine stupes and poultices over the seat of pain. On the 16th, having still some tenderness over abdomen, the turpentine, draughts, and poultices, were repeated and beef tea was ordered. She also complained of her breasts, and the breast pump and cere cloths were directed to be applied.

17th.—When visiting the ward for Dr. Johnston I observed a slight but very peculiar expression of excitement in her face, and a rather talkative manner. After a dose of tartar emetic she became much more tranquil; her pulse fell, and at 7.30 a.m. she was so calm that I was able to leave her in charge of the nurse.

18th.—At 9.30 a.m. she was quite calm. An hour later I was hurriedly sent for, and found her in a state of depression approaching collapse; her pulse very low and fluttering, countenance shrunken, pale and anxious, skin cold and clammy. I applied a sinapism over the heart, and gave a stimulating draught. Dr. Johnston now saw her, and the sinapism and stimulant began to improve the state of her circulation; her pulse rose, and the cerebral excitement became at once increased. She clutched Dr. Johnston when about to leave so that he had to extricate himself, though with all gentleness, and having taken every pains to soothe and compose her, from her grasp. He had the child removed into another ward, and with much resistance on her part laid her down in the bed in which she had been now standing for a couple of hours. I then administered a grain of tartar emetic, which she took, having first made her preparations for death, said her prayers and obtained a solemn promise from me that I would rest satisfied with poisoning her and not add to my crime that of opening her body after the death to which I was consigning her. The tartar emetic occasioning no emesis, and appearing to calm her to some slight extent, I repeated it in an hour's time with the same difficulty as before, and induced her to take some warm drink to promote its emetic action. However, she was not even nauseated by the large dose of tartarised antimony. She complained loudly of

our taking away the child to kill it after poisoning herself. She had not slept well the previous night, her sleep having been disturbed by dreams of horrible figures which continued to haunt her for a few moments after waking and opening her eyes. She was conscious, however, that this was an illusion. I ordered her some extra nourishment, beef tea, &c., and a full anodyne at bedtime. I also pointed out the case to the class as one of commencing puerperal mania.

Next morning at 4 a. m. I was sent for to see Mrs. B—, who was in a state of high maniacal excitement. On entering the room I found the patient standing erect in the centre of the bed, almost perfectly nude, holding her infant tightly clutched to her heart, and talking incessantly at the top of her voice. I endeavoured to induce her to lie down, but in vain; and as she was shaking the child about with great violence, at the same time protesting vehemently that she would not kill it, I was obliged to take it from her, which I succeeded in doing with some difficulty. I ordered a mixture containing tincture of hyoscyamus, Hoffman and chloric æther, beef tea, &c. Half an hour after the visit I was again summoned to this patient, and found that, the nurse having against our directions turned her back to get something in another part of the room, she had sprung out of bed, thrown up the window and, before she was missed, was standing on the window sill outside and was in the act of jumping from it into the paved area below, when she was most providentially seized by the ward maid by her hair, having no clothes whatever on, having torn off her chemise, and thus held with extreme difficulty as she was struggling violently to throw herself off, until assistance was procured, when she was lifted into bed, put into a straight waistcoat and carefully watched until she was the same day removed to the Richmond Lunatic Asylum. I afterwards ascertained that she recovered very rapidly and left the asylum in a sound state of mind within ten days.

Case 7. Feb. 6th, 1870.—An unmarried primipara, who had been delivered five days previously after a natural labour, suddenly showed symptoms of puerperal mania. As she was dressing to lie outside the bedclothes she began to shriek and clap her hands together in a hysterical manner, and after a few moments of violent excitement became obstinately silent, and refused to speak a word. I saw her immediately after the attack commenced, and ordered twenty grs. of chloral in a draught; this produced no apparent effect. She was also ordered wine and beef tea freely.

On the 7th, at mid-day, she had a well-marked epileptic fit, and on visiting the ward fifteen minutes afterwards I found her very restless, excited, and talkative, complaining of severe headache, and pulse 100. I prescribed

℞ Chlorali Hydratis, gr. xx;
Syrupi, ℥j;
Aquæ Cinnamomi ad ℥j.
M. fiat haustus statim sumendus.

After taking this draught she immediately dozed off, and slept for nearly four hours, when she awoke in a stupefied condition, eyes wild and staring, would not speak, decubitus dorsal. She now had hot wine and beef tea at short intervals.

8th.—Her condition continues much the same as yesterday. Continues obstinately silent, pulse small and very rapid, lying on her back kicking at the bedclothes, features pinched, expression of vacuity. Was given twenty grains of chloral at morning visit without any effect whatever. At night had thirty minims of tincture of opium in an enema, with brandy and beef tea, and only slept for one hour all night

9th.—No change in condition or treatment.

10th.—Slept from last night till 4 a.m. She is much more talkative, and has passed from a state of morose taciturnity into one of extreme garrulosity and excitement. Visiting for Dr. Johnston, I gave her thirty grains of chloral at 10 a.m.; this at once quieted her and produced four hours' sleep. At bedtime a similar dose of chloral was also given. After taking the last draught she fell asleep within a few minutes, and for the first time since her confinement had an entire night's uninterrupted sleep.

11th.—She appears quite stupefied this morning; refuses to speak or to take food, wine, or medicine. Was sent to Richmond Lunatic Asylum.

Case 8.—An unmarried woman, aged about 40, was delivered of her second child in No. 12 ward, March 30th, at 10 a.m.; she was in great distress of mind, exhibited all the premonitory symptoms of puerperal mania, talked wildly, did not sleep for three nights; got out of bed and insisted on going home the day after her confinement, and manifested an aversion to the child. On the evening of April 2nd she got twenty grains of chloral, and half an hour after she fell asleep and slept for the first night since her admission into hospital before delivery. Next morning she was quite free from any symptom of puerperal mania.

Case 9.—A. S—, aged 35, fourth pregnancy, was delivered at 8 a.m., February 12th. Her labour lasted nine hours, and was natural. The child was a male, and was living. On the third day after delivery (the 15th) she complained of great weakness, had no appetite, looked pale, and was ordered draughts, with ammonia, chloric ether, and Hoffman. On the following day her pulse was 100, the abdomen was free from pain or tympanitis; the milk and lochia were abundant and natural. She had not slept, however,

since her confinement. Beef tea and wine were ordered, and I prescribed a draught with twenty grains of chloral, which produced three hours' sound sleep, and was again repeated that night.

On visiting her on the 19th, it was found that she had had a sudden attack of violent puerperal mania during the night, but made no attempt to destroy the child. I directed twenty grains of bromide of potassium in a draught; was repeated in the evening, and seemed to quiet her, as she had three or four hours' sleep. On the 20th she was more composed, but still maniacal, and was ordered thirty grains of chloral at bed time. An hour after this draught she slept for nearly four hours, and awoke in a very nervous excited condition, but soon got calm. On the 21st the puerperal mania had completely subsided; she was quite rational, but shortly after typhoid fever set in, for which she had to be removed to the Hardwick Fever Hospital.

Case 10.—March 5th.—I was called, in consultation with Dr. O'Neil, to see a lady, æt. 21, who had been fourteen days previously confined of her first child, and had afterwards progressed favorably till the tenth day after delivery, when she was suddenly attacked by acute puerperal mania of a very violent type. When I saw her *she had not slept for six nights;* was highly delirious; pulse 140, and weak, as she refused to take food. Two drachms of hydrate of chloral with the same quantity of bromide of potassium, and four drachms of tincture of hyoscyamus in a six-ounce mixture, an ounce of which was to be given every hour, was prescribed. Next day we found her worse; she had spit out the medicine, and had not slept nor taken food since. I now proposed to try the effects of chloral in a way in which I believed it had never been previously used, and we accordingly gave her enemata of brandy and beef tea, with thirty grains of chloral in each, every third hour. The third enema produced immediate effect, and after taking it she had eight or nine hours' uninterrupted sleep, the first repose she had had for seven nights. On awakening, however, the mania still continued with unabated violence, and we found her no better next morning. The chloral was continued in the same way till the 9th, when, finding that the disease remained without any improvement, although the medicine produced sufficient sleep each night, we determined to try the effect of a complete change of scene and air, conjoined with proper care, and for this purpose she was removed to a lunatic asylum, from which she went home perfectly cured in about three months.

Case 11.—February 10th, 1870.—I attended a lady, æt. 24, who was delivered of a living male child at 9.30 p.m., after a natural labour of seven hours. It was her second confinement. Her last labour had occurred fifteen months before, and was followed by a

very severe and protracted attack of puerperal mania. She was a person of a very nervous, hysterical temperament, who had been indulged in every way by her parents as well as by her husband, and of a very passionate disposition. She went on well till the 13th, when her pulse was 100. She had not slept the night before, but complained of no pain or uterine tenderness.

14th.—She has now not slept for two nights, complaining of no pain; pulse 100; pupils contracted; insists that she is quite well, manner wild and excited; had got into a great rage with the nurse, and struck her for not settling the pillow properly. Ordered,

℞ Potassii Bromidi, ʒj;
Tinct. Hyoscyami, ʒiij;
Tinct. Lupuli, ʒiij;
Aquæ Camphoræ ad ℥viij.
M. ʒj every sixth hour.

15th.—Still continues in the same state as yesterday; increased the dose of bromide of potassium to thirty grains every sixth hour.

16th.—Slept well last night. Is calm and rational, and convalesced rapidly from this day.

ON

PUERPERAL CONVULSIONS.

BY

THOMAS MORE MADDEN, M.D., M.R.C.S.E.;

LATELY EXAMINER IN MIDWIFERY AND THE DISEASES OF WOMEN, IN THE QUEEN'S UNIVERSITY IN IRELAND;

PHYSICIAN TO ST. JOSEPH'S HOSPITAL FOR SICK CHILDREN;

EX-ASSISTANT PHYSICIAN, ROTUNDO LYING-IN HOSPITAL;

CORRESPONDING FELLOW OF THE OBSTETRICAL SOCIETY OF EDINBURGH, AND OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON,

ETC., ETC.

DUBLIN:

JOHN FALCONER, 53, UPPER SACKVILLE-STREET.

1874.

ON

PUERPERAL CONVULSIONS.

[Read before the Dublin Obstetrical Society—May 9th, 1874.]

THERE are few obstetric questions of greater interest than the etiology, prevention, and treatment of puerperal convulsions. Some advance has been reeently made in the prophylaxis and management of this disease, but its eauses remain *sub judice*, and little ean yet be added with certainty to what Hippocrates wrote:—"*Σπάσμος ἢ ὕπο πληρώσιος ἢ κενώσιος:*" though from his time to the present almost innumerable theories had been applied to this subjeet.

I shall now lay before the Society the history of a few of the eases of puerperal eonvulsions that have come under my notiee in hospital and private practiee, together with some general observations on the disease, and a referenee to the principal views that have prevailed at different times as to their nature and treatment. Several of the opinions thus referred to, though quoted from writers now seldom consulted, are nevertheless of interest. For, in investigating subjects like the present, which have long engaged and baffled inquiry, it is surely not unworthy of a scientifie society, however practical and devoted to progress, occasionally to look back to what has been done by those who have been pioneers in those obscure paths of inquiry which we would ourselves explore.

Convulsions are, with the exception of rupture and inversion of the uterus, the most dangerous as well as the least frequent of the complieations of labour. The relative frequeney as well as the danger of this disease is shown by the following table, compiled from Reports of the Masters of the Dublin Lying-in Hospital.

TABLE.

Date	Master	Deliveries	Convulsions	Primiparæ	Twin Births	Result to Mother		Sex of Children		Living	Still-born	Mode of Delivery				
						Recovered	Died	Male	Female			Natural	Forceps	Version	Vectis	Craniotomy
1787–1793	Dr. Clarke - -	10,387	19	16	—	—	—	—	—	—	—	—	—	—	—	—
,,	Dr. Collins - -	16,654	30	29	2	25	5	20	10	14	18	15	6	—	—	8
1842–1845	Dr. C. Johnson - - (Reported by Drs. Hardy and M'Clintock)	6,702	13	10	—	10	3	6	7	7	6	6	2	—	1	4
1847–1854	Dr. Shekleton - - (Reported by Drs. Johnston and Sinclair)	13,748	63	49	5	50	13	36	23	45	25	36	24	2	—	7
1868–1869	Dr. Johnston - -	1,159	4	—	—	—	—	—	—	—	—	—	—	—	—	—
1869–1870	Do. - -	1,087	5	2	1	4	1	4	2	4	2	—	3	1	—	1
1872–1873	Do. - -	1,191	4	3	—	—	4	—	—	—	—	—	4	—	—	—
	Total	50,928	138	109	8	89	26	66	52	70	51	57	39	3	1	20

I. *Etiology of this disease.*—The theory that puerperal convulsions are reflex actions excited by cerebro-spinal or medullary irritation, of uterine origin, and transmitted through the ganglionic cells in which the reflex nerves terminate, has been formulated by several recent writers, but may be traced back to Laurence Joubert, who, during the middle of the sixteenth century, was Professor of Medicine in the University of Montpellier. In his essay on convulsions, this once well-known author not only controverted the Hippocratic aphorism already quoted, but, moreover, asserted that the cause of convulsions is irritation, and that only by the removal of the source of this irritation can the paroxysms be arrested.[a]

The analogy between the abnormal nervous action thus excited, and the effects of an electrical discharge has been remarked by obstetricians as well as physiologists from the time of William Hunter. The proximate cause of this disease must primarily affect the central excito-motor portion of the nervous system. Reflex actions are now generally referred to the medulla oblongata, and the researches of Dr. Brown-Séquard support the opinions of Van der Kolk, Kussmaul and Tenner, as well as those of Dr. Marshall Hall and other older writers, in assigning the upper part of the spinal cord, the medulla oblongata, and pons varolii, where the roots of the first motor nerves have their origin, as the probable starting point of the convulsive action in these cases. In proof of the influence of physical impressions on the medulla oblongata in producing convulsive action, I may refer to two cases of acephalous fœtuses which came under my observation some years ago in the Lying-in Hospital. One lived for twenty minutes, and the other for an hour and a half after birth, and in both it was remarked that the slightest pressure on the bulbous expansion of the medulla oblongata, which supplied the place of the brain, produced violent general convulsions.

The older British obstetricians, with a few exceptions, held that puerperal convulsions were generally occasioned by determination of blood to the head, and should be treated by blood-letting. This was the teaching of Scott,[b] of the Hamiltons,[c] Smellie,[d] Denman,[e] Bland,[f] Foster,[g] William

[a] Joubert, de Convulsionis Essentia et Causis, Op. Om. p. 219, Ed. Antwerp. 1500.

[b] Lectures on Midwifery. By Robert Scott, M.D. 1775. P. 113.

[c] A Treatise on Midwifery. By Alexander Hamilton, M.D. P. 199. Edinburgh. Dr. Hamilton's Lectures on Midwifery, in the University of Edinburgh, 1815-16; reported by Dr. M'Keever. MS. P. 65.

[d] A Collection of Cases and Observations in Midwifery. By William Smellie, M.D. Vol. ii., Collect. xviii., No. 5. London, 1779.

[e] Introduction to Midwifery. By Thomas Denman, M.D. P. 430. Ed. Edinburgh, 1781.

[f] On Human and Comparative Parturition. By James Bland, M.D. P. 138. London, 1794.

[g] Principles of Midwifery. By Edward Foster, M.D. P. 118. London, 1781.

Hunter, and other eminent men-midwives of the eighteenth century. The same theory being propounded by Davis,[a] Ryan,[b] Blundell,[c] Burns,[d] Maunsell,[e] and others, was, down to a comparatively recent period, generally accepted as a sufficient explanation of the causes of convulsions. In America, too, according to a very able writer, "we find no other idea but congestion of the head is entertained as the cause of puerperal eclampsia."[f] And this theory is reiterated in the principal manuals used by students in that country.[g] I might easily add a much longer list of Continental as well as of British and American authorities to the same effect. But fully enough have been adduced to prove the widespread acceptance of this opinion.

Pregnancy may, to some extent, be regarded as a predisposing cause of cerebro-spinal congestion. The blood at this time is not only increased in quantity, but also contains more fibrine than usual. As gestation advances the enlargement of the uterus increases the tension of the cerebral vessels, which attains its maximum during the violent efforts of parturition when puerperal convulsions most frequently commence.

It has been argued by Dr. Inglis and others, that the circumstance of eclampsia commonly beginning at night is a proof that the disease is connected with congestion of the brain. This fact does not, however, appear to me to support the opinion thus founded upon it. For, it is now generally held that during sleep the brain is in a comparatively bloodless condition; and the blood in the encephalic vessels is not only diminished in quantity, but moves with diminished rapidity.[h]

Convulsions are not confined to plethoric patients; and it is unquestionable that anæmia, whether resulting from the sudden loss of blood

[a] Principles and Practice of Obstetric Medicine. By D. D. Davis, M.D. Vol. ii. P. 1027. London, 1836.

[b] A Manual of Midwifery. By Michael Ryan, M.D. P. 519. Third Ed. London, 1831.

[c] Principles and Practice of Obstetric Medicine. By James Blundell, M.D. P. 424. London, 1831.

[d] Principles of Midwifery. By John Burns, M.D. P. 519. Tenth Ed. London, 1843.

[e] The Dublin Practice of Midwifery. By Henry Maunsell, M.D. Edited by Thomas More Madden, M.D. P. 194. Sixth Ed. London, 1871.

[f] Principles and Practice of Obstetric Medicine and Surgery. By Francis Ramsbotham, M.D. P. 449. First Ed. London, 1844.

[g] On Puerperal Eclampsia. (Review) American Journal of Medical Science, April, 1869. P. 437. Conspectus of Medical Sciences. Edited by H. Hartshorne, M.D. P. 997. Philadelphia, 1869.

[h] Dr. Inglis—Facts and Cases in Obstetric Medicine, p. 7: London, 1836. Mr. Durham—On the Physiology of Sleep, Guy's Hospital Reports, p. 24: London, 1860. Dr. T. More Madden—On Dreaming considered in Relation to the Study of Insanity, read before Med. Soc. Coll. Physicians, Dublin; Medical Press and Circular, 1869.

by hæmorrhage, or from the gradual deterioration of the vital fluid by disease, is conducive to eclampsia.

Nor is pregnancy, even when apparently accompanied by plethora, actually so in most cases. On the contrary, the blood, though increased in quantity, is then more generally impoverished, containing fewer corpuscles, less albumen, and a larger proportion of water, by which the circulation is more and more embarrassed as the uterus enlarges. This vascular tension occasionally results in serous effusions into the areolar tissue or serous cavities, and the discharge of albuminous urine, by which a considerable drain of the nutritive elements of the blood is produced.

The connexion between general dropsy and convulsions was pointed out by Dr. Hamilton, of Edinburgh, in the year 1800. Dr. Blackwell next showed that albuminuria was present in these cases; and about the year 1835 it was discovered by Dr. Bright, that this was connected with granular degeneration of the kidneys. The field of investigation thus opened was further explored, with a special reference to the pathology of puerperal eclampsia, by Dr. Lever, M. Robin, M. Becquerell, M. Frerichs, Professor Braunn, and others, by whom it was proved that the convulsions of pregnancy are frequently associated with dropsy, marked by albuminuria, and attended by the diminished excretion of urea and uric acid, and the consequent retention of these compounds in the system.

In cases of this kind the urine is not invariably albuminous. I have examined this secretion in six instances of convulsions during labour, and in only four of them was albumen discovered. On the other hand, I have found albuminuria in pregnant women who had no subsequent attack of eclampsia.

In two cases of stenic convulsions I had an opportunity of testing the blood for excess of urea, but was unable to detect any appreciable trace of this salt on a microscopic examination of the evaporated serum, treated in the ordinary manner with nitric acid. Either urea or carbonate of ammonia, resulting from its decomposition, is frequently present to an abnormal extent in such cases; though both these salts may be injected into the blood of a healthy animal without producing convulsions.

That convulsive action may be occasioned by blood-poisoning is well known in other diseases in which—as, for instance, in small-pox—severe jaundice, morbus Addisonii, Bright's disease, and during recovery from scarlatina, convulsions occasionally result from this cause. And during pregnancy a similar effect is not improbably produced by the pressure of the gravid uterus on the renal emulgent veins interfering with the functions of the kidneys, as well as acting as a cause of cerebro-spinal congestion.

In considering the causes of puerperal eclampsia, we must bear in mind the various conditions under which ordinary epileptiform convulsions occur. Many agree with Trousseau[a] in regarding these as identical; and certainly Cullen's definition of epilepsy applies to the disease we are now considering—*musculorum convulsio cum sopore.*[b] Dr. Radcliffe[c] has shown that epileptiform convulsions occur in connexion with almost every variety of cerebral disease as well as in the moribund state, and as a consequence of reflex irritation.

That great hæmorrhage is productive of convulsions is known to every accoucheur who has had to witness a case of fatal *post-partum* flooding; therefore it is unnecessary for obstetricians, at least, to dwell on the elaborate experiments by which this fact has been established. The convulsions produced by hæmorrhage, like those arising from the circulation of impure or vitiated blood, result from the interruption of that regular and sufficient supply of healthy blood to the nervous centres, which is essential to their normal action, and the sudden withdrawal of which by hæmorrhage, or its gradual deterioration by disease, are alike probable causes of these irregular manifestations of disordered nerve force.

Putting aside the distinction between the proximate and the predisposing causes of this disease, which I believe are so inextricably interwoven that it would be impossible to consider them separately, from the foregoing abstract of the different opinions which have prevailed on this subject, read by the light of my own clinical observations, I would venture to draw the conclusion, that in the causation of puerperal convulsions a variety of circumstances have a share, and must be taken into equal account. In the first place the disease is obviously connected not only with the state of the uterus itself, and with that of the adjoining organs during gestation, but still more so with the remarkable condition of nervous susceptibility peculiar to pregnancy. In the cases under consideration, the cerebro-spinal nervous centres are usually more or less congested, even when the patient's general condition is anæmic, and are irritated by the circulation of vitiated blood containing some non-eliminated *materies morbi* through their vessels, producing a direct toxic effect on the excito-motor nerve substance of the brain and medulla oblongata, and stimulating the hyperæsthetic condition just referred to till the latent excitability becomes so intense that it needs only the addition of uterine irritation, such as the first pain of labour, to cause the pent-up nerve force to burst into uncontrollable action, and produce the violent reflex muscular spasms that constitute puerperal convulsions.

The season, the age of the patient, her temperament, and the fact of

[a] Trousseau—Clinical Medicine. Vol. i., p. 32.

[b] Cullen—Synopsis Nosologiæ Methodicæ. Edit. 3. 1780.

[c] Radcliffe, on Epilepsy and Convulsive Affections. 2nd Edition, p. 262.

its being her first pregnancy or not, have also a considerable influence in the causation of this disease.

It is a remarkable fact, that puerperal convulsions generally attack à number of individuals almost simultaneously. The disease is by no means a common one; and yet, of the few instances of it which I have seen during the last six years, no less than three occurred within one fortnight. Madame Lachapelle and Dr. Ramsbotham both make a similar observation. The former says—"When one of our women is taken with convulsions, we rarely fail to have soon afterwards others in the same state." The latter observes—"I have repeatedly remarked amongst the numerous patients of the Royal Maternity Charity, as well as amongst others to which I have been accidentally called, that several cases have occurred soon after each other."[a] And it certainly seems not improbable, as was long since conjectured by Smellie[b] and Denman,[c] whose opinions have been confirmed by M. Andral,[d] Dr. Inglis,[e] as well as by Dr. Hall Davis[f] and other recent writers, that the explanation of this circumstance will be found in the occurrence of some peculiar electrical condition of the atmosphere at the time these manifestations of disordered nervous action are most rife.

II. *Presentation.*—In almost every instance of puerperal eclampsia that I have met with, the presentation was natural; and the experience of most other practitioners is similar to my own on this point.

III. *Plural Births* are most frequently complicated with convulsions.

IV. *Influence of Convulsions on Parturition.*—Whenever eclampsia occurs towards the end of pregnancy, labour is produced by the disease. If it commences after labour has set in, the delivery is generally rather accelerated by their complication.

V. *Effect of Mental Impressions in Causing Convulsions.*—This has been remarked by all obstetricians since the time of Denman, by whom it was most ably and fully discussed. Anxiety of mind, depression of spirits from reverse of circumstances, sudden shocks, are conducive of eclampsia; and some one of these, or still more commonly the combination of shame, anxiety, and sorrow in unmarried women, were clearly predisposing causes of this disease in almost every case that I have seen.

VI. *Primiparæ are most liable to Convulsions.*—Thus, in the cases of eclampsia which have come under my observation, five occurred in cases

[a] Dr. Ramsbotham—Obstetric Medicine and Surgery, p. 451. London, 1844.

[b] Smellie—Midwifery. Vol. ii., p. 285. London, 1779. Vol. iii., p. 161. London, 1789.

[c] Denman—Introduction to Midwifery. P. 428.

[d] M. Andral—Clinique Médicale. Translated by D. Spillan, M.D. P. 77. Lond., 1836.

[e] Dr. Inglis. Obstet. Med. P. 10.

[f] Dr. Hall Davis, on Puerperal Convulsions. London Obstetrical Society. Vol. xi., p. 274. London, 1870.

of first labour, and three in subsequent confinements. The same remark has been made by nearly every other writer on the subject, and is borne out by the Table I have constructed from the reports of the Rotunda Hospital, by which it appears that of 138 patients attacked by convulsions, 109 were primiparæ, and only 29 were multiparæ.

VII. *The Classification of Puerperal Convulsions* into hysterical, epileptic, and apoplectic, may, I think, be entirely disregarded. This disease differs essentially in its nature and causes from either epilepsy or apoplexy, being a convulsive affection *sui generis* peculiar to women who are either pregnant or soon after parturition.

The hysterical form of puerperal convulsions being merely ordinary hysteria occurring in the early months of gestation, though possibly excited by reflex uterine irritation, requires no peculiar treatment nor further notice. Epileptiform and apoplectiform convulsions are identical in their origin and nature, approaching each other in widely varying degrees in different cases, and influenced in their symptoms by the severity of the attack and the constitutional state of the patient, rather than by any essential difference in the nature of the disease.

VIII. *Premonitory Symptoms.*—In the majority of cases puerperal convulsions are preceded by œdema of the upper extremities, face, and eyelids, pain in the lumbar region, and albuminuria. For several days before the attack the patient generally complains of malaise, followed by head-ache, giddiness, confusion of thought, or peculiar irritability of temper, similar to that which is occasioned by the circulation of lithic acid in the blood, and which precedes an attack of gout.

IX. *Symptoms of Asthenic or Epileptiform Puerperal Convulsions.*—The phenomena of the complete seizure are somewhat similar to those of an ordinary epileptic fit. Commencing with twitching of the muscles of the eye-lids and eye-balls, the convulsions soon increase in violence, extending to every part of the body (though in every case that I have seen they were more marked on one side than on the other), and recur at irregular intervals, in clonic spasms of varying duration and intensity. In anæmic patients throughout the attack the face may be cool and pale, the eye glistening, and the pupils contracted. In the majority of cases the patient's state during the commencement of the attack is that of vascular depression, rather than of vascular excitement; the extremities being cold, the countenance pallid, and the pulse, though quick, weak and compressible. But generally as the convulsions recur more frequently, the impeded respiration and consequent non-aëration of the blood induces symptoms of venous congestion; the face becomes dusky and livid, the lips and ala nasi turgid, the breathing hissing or stertorous, the pulse full and labouring; and thus the disease passes from the first into the second stage, or from the so-called epileptiform into the so-called apoplectiform convulsions.

X. *Sthenic or Apoplectiform Convulsions.*—In plethoric women the disease generally presents, *ab initio*, the apoplectiform character, and may commence by a sudden violent convulsion, after which the patient falls into a comatose state, in which she lies, as well described, "like a person dead drunk," the convulsions meanwhile recurring at irregular intervals. Her face is congested, the carotids and temporal arteries throb visibly, the respiration becomes stertorous, the pulse slow and full, the limbs placid, and no reflex action responds to any external stimulation. After remaining for an uncertain time in this condition, midway between life and death, under favourable circumstances the convulsions may cease, and the patient at last slowly regains consciousness, and awakes once more to renewed vitality, though her mental powers will probably remain clouded for some days. But, on the other hand, the coma may become more profound, the pulse slower and more labouring, the respiration more embarrassed, the face more pallid, the extremities colder, and the skin covered with a clammy moisture, until at length "the last sad scene of all" is closed by a violent and final convulsion.

These convulsions may occur at any time of pregnancy, during labour, and within the puerperal period. Most commonly they begin with the dilatation of the os.

XI. *Treatment.*—The treatment of puerperal convulsions must be considered in reference to the state of the patient in each instance.

In all cases prevention is better than cure, and hence the importance of an early recognition of the premonitory symptoms, as by timely prophylactic measures we may sometimes succeed in warding off impending convulsions.

In this prophylactic treatment our objects are—first, to relieve the kidneys; secondly, to assist the efforts of nature to purify the blood; and, thirdly, to soothe the nervous irritability peculiar to these cases. The first object may be attempted by cupping and fomentations over the loins, the free use of diluents, and the cautious administration of mild diuretics, and especially by colchicum, in small and guarded doses. The second intention may be fulfilled by saline aperients as well as by diaphoretics, if the skin be harsh and dry, and the third by sedatives, especially bromide of potash and belladonna.

The therapeutic indications in cases of puerperal eclampsia are—first, to arrest the convulsive action; and, secondly, to remove the cause of its recurrence.

During the convulsions the ordinary precautions, such as loosening the patient's clothing, and preventing her from biting her tongue, by inserting any suitable substance between the teeth, or from injuring her person in any way by proper restraint, should, in the first instance, be attended to.

One of the most effectual means of shortening the paroxysms is cold

affusion in a small stream from a moderate height on the head and face. This remedy is of considerable antiquity, being recommended by Valescus, of Tarenta, in a work[a] originally published in the year 1482. It was re-introduced into practice on the authority of Denman, who derived great benefit in such a case by merely sprinkling his patient's face with cold water during the paroxysms—a very different practice, I may observe, from the copious cold affusions now recommended. In the asthenic form of eclampsia this remedy should be used cautiously. It should not be employed except during the convulsions, nor persevered in so long as to depress the circulation unduly.

In all cases the *primæ viæ* should be unloaded, as soon as the convulsions commence, by a bolus of calomel and jalap, or by a drop of croton oil placed on the tongue. Enemata of assafœtida and turpentine, suspended in thin gruel, may also be resorted to, and repeated if necessary.

The head should be shaved if possible, and the back of the scalp freely painted over with liquor epispasticus, whilst, at the same time, a bladder loosely filled with ice may be laid over the front of the head. The feet and calves of the legs should be enveloped in mustard poultices, until a decided rubefacient effect is produced.

In cases of sthenic puerperal convulsions, *venesection* is, notwithstanding the disusage into which blood-letting has fallen in all other diseases, still the only remedy of undoubted efficacy in subduing the convulsive action. If the patient be plethoric, and her pupils be contracted, showing cerebral congestion, we may, as a rule, bleed. If, on the contrary, the pupils are dilated, the condition of the brain may be considered as anæmic, and blood-letting would probably be out of the question. This rule is liable to many well-known causes of exception, as the state of the pupil may normally vary widely in different individuals, as well as be affected by various toxic agents.

The amount of blood that may be taken from a plethoric woman, suffering from eclampsia, should be measured by the patient's condition and the effect produced, rather than by the quantity abstracted. In one case I took nearly forty ounces of blood, and within a few hours twelve ounces more, but without any benefit. Generally, however, a very much smaller bleeding will suffice, and, as a rule, not more than from eight to twelve ounces of blood should be taken.

Chloroform is still regarded by some authorities as the remedy *par excellence* for puerperal convulsions: and though, according to my experience, this is an exaggerated estimate of the value of this anæsthetic, its inhalation is of unquestionable use in many cases. In hysterical convulsions, if sprinkling the face with cold water does not

[a] Valescus de Tarenta, Philon. Pharmaceut. et Chirurg. Lib. i., c. 27, p. 92. Franca, 1599.

suffice, a few whiffs of chloroform will generally cut short the attack. In true puerperal convulsions, however, in which I have used chloroform pretty extensively in the manner originally suggested by the late Sir James Simpson, and have kept patients under its influence for several hours at a time, it requires to be used with great caution, its exhibition being obviously contra-indicated where either the circulation is depressed, or where there is any tendency to apoplectiform symptoms. But in suitable cases I have found chloroform most serviceable in subduing the convulsions and prolonging the intervals between them. If it be inhaled only during the paroxysm, chloroform appeared to have no effect in shortening the attack; but if exhibited before its expected return, it often prevents its recurrence for hours together, and gains time, during which the labour may be completed, and the patient placed in comparative safety.

Chloral was suggested by myself in a paper published four years ago, and has since been employed with varying success by other practitioners in England and America.

Opium, though recommended upon high authority,[a] is, in my opinion, clearly contra-indicated in all cases of eclampsia during labour in which there is any tendency to apoplectiform symptoms.

The Tincture of Veratrum Viride has been used as a substitute for blood-letting in cases of puerperal convulsions by Dr. Fearn, of Brooklyn. Dr. Fearn exhibited this remedy in very large doses in ten cases of this kind—"there being," he says, "no danger from the medicine as long as the convulsions continue."[b] I should, myself, prefer some safer plan of treatment than these heroic doses of so powerful a drug.

Belladonna was originally introduced into practice in these cases by M. Claussier fifty years ago,[c] and has again been recommended by recent writers. My own experience in those cases in which I have seen it tried, would not lead me to attach any value to this drug in the treatment of eclampsia during labour. But in convulsions occurring before and after parturition, I have found small doses of belladonna most beneficial in calming the nervous susceptibility so intimately connected with convulsive action.

In every case of convulsions during labour our primary object should be to deliver the patient as speedily as is consistent with her safety and that of the child. This rule of practice was long since pointed out by Mauriceau—"La convulsion est un autre accident qui fait souvent perir

[a] Manning on Female Diseases, p. 357: London, 1775. Romberg, a Manual of the Nervous Diseases of Man, Sydenham Society, Translation, Vol. II., p. 190: London, 1853. Schwartz, Ueber Eclampsia der Kreissenden, p. 54: Riga, 1851.

[b] Fearn, American Journal of Obstetrics, May, 1871, p. 28.

[c] Claussier, Considerations sur les Convulsions qui attacquent les Femmes Encientes: Paris, 1823.

la mere et l'enfant, si la femme n'est très promptement secourue par l'accouchement qui est le meilleur remède qu'on puisse apporter à l'une et à l'autre."[a]

The convulsions do not always cease when delivery is effected, or may even commence after it. Still these cases afford no argument against the general principle that, puerperal convulsions being obviously connected with the state of the gravid uterus, the sooner this condition is terminated the sooner will the convulsions cease. The manner of accomplishing this purpose must depend on the stage and character of the labour in each case. But if the symptoms be at all urgent, the former consideration may be in a great measure disregarded, and we should not then hesitate to deliver our patient by either version or the long forceps as soon as the os uteri can be opened sufficiently to enable us to do so. In these cases only, despite Dr. Blundell's excellent aphorism, "meddlesome midwifery," is not necessarily "bad midwifery."

With regard to the manner of effecting this, as a rule the dilatation of the os goes on during the convulsions, and by keeping our patient under chloroform we may generally attend the natural occurrence of the second stage of labour before being obliged to deliver. But in some cases, as I very recently had an instance, the os, after expanding to a certain extent, becomes rigid and undilatable, the convulsions meanwhile recurring with increasing violence. In such cases the perforator and crochet were formerly freely resorted to. Thus, in no less than eight of Dr. Collins' thirty cases of convulsions, delivery was effected in this way. I cannot regard embryotomic or child-destroying operations as justifiable, even in these cases, for we now have it in our power to effect delivery without resorting to them, by dilating the os uteri with Dr. Barnes' dilators, or, where these fail, by incising the contracted circular fibres of the os with a guarded bistoury, as originally suggested by M. Dubosc of Toulouse, in 1781, so as to allow a living child to be delivered. Such an operation should, however, be only regarded as the *ultima spes*, and confined to those rare cases in which the delivery of a living child from a living mother cannot be effected by less hazardous means.

Case I.[b]—(Reported by Dr. F. Butler, then resident in the hospital). Mary Corby, aged eighteen, first pregnancy; duration of labour seventeen hours, complicated with apoplectic convulsions and plurality of children. First child, head presentation, delivered (dead) with forceps. Second child, footling presentation, lived only two or three minutes.

History and Treatment.—At 2 o'clock, p.m., on October 21st, when first

[a] Traite des Maladies des Femmes Grosses, par François Mauriceau, 7th Edition, Tome Premiere, p. 335: Paris, 1740.

[b] I am indebted for the reports of several of these cases to the notes of gentlemen who were at the time resident in the Rotunda Hospital.

seen patient was suffering from a paroxysm of apoplectic convulsions; cold water and vinegar were applied to the vertex and nape of the neck; after fifteen minutes' application without any good result, Dr. More Madden was sent for and advised the cold douche, which was tried and continued for thirty minutes, but without relieving the paroxysm; it, however, reduced the frequency of the pulse from 145 to 80 beats per minute. On examination per vaginam the os was found to be dilated to the size of a shilling.

Dr. More Madden administered calomel gr. v., and proposed depletion by bleeding from the arm, but as the paroxysms were almost continuous, he was unable to do so until chloroform was administered, which immediately checked the fit. She was now bled from the right arm and took ℥xij. of blood; previous to the bleeding her pulse had risen to 140, but after it fell to 72 per minute. The patient was then (4 45) removed to the hospital, being still under the influence of chloroform.

When the patient came into hospital the hair was closely cut from the back of her head and vesicating collodion applied.

At 7, Dr. Denham visited her and ordered sinapisms to the calves of her legs and the soles of her feet, and an enema of turpentine, castor-oil, and assafœtida to be administered, which only partially relieved the rectum. At 10 30 the membranes ruptured, the os being about the size of a five-shilling piece, and the head presenting.

At 10 40, the patient's pulse being 154, full and bounding, and her respiration stertorous, Dr. Madden again bled from the arm and took ℥xxxviij. of blood; a bladder of ice was applied to her head; the pulse did not diminish in frequency, but became small and compressible, nor was the florid colour of her lips at all altered.

At 11 30 an enema, the same as before, was administered, and hot stupes applied to her feet every fifteen minutes for an hour.

At 12 30 we administered croton oil ♏ij.

At 12 50, on examination, the os was found fully dilated.

At 12 55, Dr. More Madden applied his forceps and delivered the first child (dead). The Master now examined and found there was a second child, footling presentation, which was delivered, but only lived for three minutes.

Seven minutes after the birth of the second child both placentæ came away. After delivery the patient appeared to be sinking, and sinapisms were applied to the calves of her legs and over her heart, and an enema of beef-tea and brandy administered and repeated every hour until death ensued, at 2 30 p.m., on the 22nd.

Leave having been obtained to examine her head, a *post-mortem* examination was made at 8 p.m.; the pia mater was congested, but there were no clots found, nor was there any serous effusion.

Subjoined is a list of the paroxysms:—

The first paroxysm was felt by the patient at 9 a.m. on the 21st, and she had five fits before she was seen at 2 p.m.

Duration of Fit. minutes	Interval. minutes	Characters
2	18	General.
2½	18	Do.
2	2	Do.
3	23	Do.
2	3	Do.
2	5	Do.
2	10	Do.
3	5	Do.
2	25	Do.
2	10	Confined to body, head and right arm.
1½	3	Do.
2	30	Do.
4	1	Do.
1	5	Do. and left arm.
2	10	Do.
1	48	Do.
2	20	Confined to head, body and upper extremities
3	27	Do.
2	22	Do.
2	2	Confined to head, body and upper extremities
2	57	General.
2½	18	Do.
1	12	Do.
2	62	Do.
3	20	Do.
2	17	Do.
2½	30	Do.
2	30	Do.
1½	20	Do.
2	15	Do.
2	15	Do.
2½	15	Do.
2	15	Do.
2	20	Do.
1½	20	Do.
2	20	Do.
3	15	Do.
2	15	Do.

During each paroxysm chloroform was administered until the fit terminated; at first this treatment was attended with marked success, but afterwards did not prove so efficacious.

Case II.—Rosanna Mortimer, aged twenty-eight, first pregnancy, was admitted into hospital, October 8th, 1869, being eight months pregnant. She had five attacks of epileptiform convulsions during that day, commencing at 5 p.m. in the afternoon. When admitted she was in a semi-comatose condition, cold affusion was immediately resorted to with sinapisms to the legs and feet, and turpentine and assafœtida enemata. She soon became conscious, had no return of the fits, but still complained of head-ache and confusion of thought. One grain of extract of belladonna was ordered every fourth hour. On the 10th she was delivered of a healthy living male child, weighing 5 lbs., after a natural labour of nine hours, and made an excellent recovery.

Case III. (Reported by Mr. Roche, then resident).—M. R., aged twenty-two; first pregnancy; married ten months; labour commenced at 1 p.m., November 15th, and terminated at 1 a.m., on the following morning. The child was a male, and was born alive, and the placenta was expelled immediately. Shortly afterwards she had in rapid succession three attacks of convulsions. At 2 a.m. Mr. Roche saw her, and found her unconscious, and suffering from hæmorrhage. On examination, a small piece of membrane was found in the os, and being removed, the hæmorrhage ceased. At 2 30 a.m., she had a fit of an apoplectic

kind, and up to 6 o'clock a.m., when she was removed to the hospital, she had had seven of these seizures, with an average interval of half an hour between them. During the fits, the eye-balls were turned up, the pupils widely dilated, tongue protruded and bitten, frothing at the mouth, lips blown outwards with the violent expirations and a peculiar jerking lateral movement of the lower jaw. The head, neck, and upper extremities, were the parts principally affected during the fits.

Eight grains of calomel and a drop of croton oil were now administered, and followed by a fœtid enema. The head was shaved, ice was applied, hot mustard stupes to the calves of the legs and soles of feet, and blister to the nape of the neck.

From 6 a.m. to 2 15 p.m., she had nine fits, with an interval of three-quarters of an hour between them. They then became more frequent, till a quarter past eleven o'clock p.m., during which time—*i.e.*, from 2 15 till 11 15 p.m.—she had eighteen fits. There was then an interval of one hour and twenty-five minutes, followed by a fit, and at 1 15 a.m., November 17th, the last fit occured. The total number of convulsive seizures was thirty-six.

At 3 50 p.m., November 16th, her pulse being 116, hard, full and bounding, and the fits recurring very frequently, twenty ounces of blood were taken from the arm; the pulse now rose to 154, but became soft and compressible, and the frequency of the epileptiform seizures diminished. Midnight on the 16th, the following was directed:—

℞ Extract of belladonna,	- -	gr. ii.
Chlorie ether,	- - -	♏ xl.
Aromatic spirits of ammonia,	-	♏ xl.
Beef-tea,	- - - -	℥ iv.

℥i. to be injected every 3rd hour, ice bag to head, and the evaporating lotion. Under this treatment the symptoms of eclampsia rapidly subsided, and on their cessation the following day, she was quite sensible, but unable to speak, or swallow, the tongue being greatly swollen and very painful, having been severely bitten during the fits.

On the 18th, cerebral symptoms being superinduced by the belladonna, it was discontinued, and general stimulants with appropriate local treatment, were directed. She convalesced speedily, and on the 27th was discharged well.

Case IV.—Julia Kavanagh, aged thirty-eight; second pregnancy; admitted December 6th., 1869, brought in from North Union, where she had had a great number of epileptiform fits during the entire time of labour. Shortly after her admission she was delivered naturally of a living male child, weighing 7½ lbs., having been twenty-six hours in labour. Ten minutes after the expulsion of the placenta she had a violent epileptiform fit, which was checked by cold affusions, sinapisms,

and blisters. She was then put on ½-grain doses of extract of belladonna, had no return of the seizures, and made a good recovery.

Case V.—Julia Ward, married, aged twenty-five; first pregnancy. First seen at 11 a.m., April 5th, 1870. At this time she was completely insensible. The friends stated that she was seized with convulsions at 5 a.m., and since that time had had three. She rallied after the first, and conversed rationally, but since the second she had been comatose. A slight contusion was noticed above the right eye, caused by a fall at the access of the first paroxysm. Had passed urine involuntarily. Upon vaginal examination, the os uteri readily admitted the end of the finger. She was taken to the hospital, and had a convulsion while in the cab. On admission, comatose; slight œdema of lower extremities; urine drawn by catheter, and found loaded with albumen. 11 30 a.m.—Ordered

℞ Calomel, - gr. v.	℞ Spt. terebinth, ℥j.
Pulv. jalap. co, gr. xv.	Tr. assafœtida, ℥j.
Ft. bolus.	Decoct. avena, - oj.
	Ft. enema.

To be given at once.

Slight operation from enema. Paroxysms continued at intervals of about twenty minutes. The convulsions were general, epileptiform in character, and about one minute in duration.

At 1 50 p.m., ordered repetition of enema, sinapisms to calves of legs, and cold lotion to the head. The enema was not at all retained, a paroxysm coming on while it was being administered. About fifteen minutes after, slight action of bowels. During the afternoon the pulse was 90 during the interval of the convulsions, and 120 immediately after a paroxysm. After 1 30 p.m., there was continuous slight convulsive action during the intervals of the paroxysms. At 5 p.m., the administration of chloroform was commenced, and continued until 8 20 p.m.; during this time the convulsive action of the muscles ceased, but the paroxysms were unmodified in their character or duration, and occurred at average intervals of twenty-five minutes, ℥jjj. ℥j. of chloroform were administered. At 9 p.m., the os being about the size of a half-crown, and dilatable, the long forceps was applied, and the patient was delivered of a dead female child (the head was presenting in the third position). The placenta came away in five minutes. The uterus contracted well after delivery, and no hæmorrhage followed. Convulsions continued after delivery, at average intervals of about twenty-minutes. At 11 35 p.m., Dr. Johnston ordered an enema of one grain of aqueous extract of belladonna, in two ounces of beef-tea, sinapisms repeated. Enema repeated 12 30 a.m., April 6th, sinapism to back of neck at 12 40 a.m., pulse 140. Convulsions still continuing at brief intervals. Enema repeated at 3 30

a.m., and again at 6 30 a.m.; sank at 10 20 a.m. At no time since first seen had she been conscious.

List of the Paroxysms.

April 5th. Commenced at 5 a.m. Three before 11 a.m

No.	Time	No.	Time
4	11 30 a.m.	29	12 25 a.m.
5	12 15 p.m.	30	1 0 a.m.
6	1 0 p.m.	31	1 15 a.m.
7	1 45 p.m.	32	1 28 a.m.
8	2 0 p.m.	33	1 55 a.m.
9	2 40 p.m.	34	2 20 a.m.
10	3 10 p.m.	35	2 37 a.m.
11	3 30 p.m.	36	2 55 a.m.
12	4 5 p.m.	37	3 30 a.m.
13	4 25 p.m.	38	3 48 a.m.
14	4 45 p.m.	39	4 15 a.m.
15	6 15 p.m.	40	4 35 a.m.
16	6 40 p.m.	41	5 5 a.m.
17	7 0 p.m.	42	5 20 a.m.
18	7 25 p.m.	43	5 40 a.m.
19	8 0 p.m.	44	6 8 a.m.
20	8 20 p.m.	45	6 25 a.m.
21	8 45 p.m.	46	6 47 a.m.
Delivered at	9 0 p.m.	47	7 25 a.m.
22	9 40 p.m.	48	7 50 a.m.
23	10 10 p.m.	49	8 20 a.m.
24	10 25 p.m.	50	8 45 a.m.
25	10 50 p.m.	51	9 5 a.m.
26	11 15 p.m.	52	9 20 a.m.
27	11 50 p.m.	53	9 50 a.m.
April 6th.			
28	12 10 a.m.		

Post-mortem examination at 3 45 p.m., April 6th. Purple discoloration of dura mater, an inch and a half in length, and one inch in width, at a point corresponding to the union of the sagittal sutures with the coronal; surface of brain congested. Clots in posterior portion of superior longitudinal sinus, and colourless fibrin throughout the whole extent of the sinus; about ʒij. of serum in right ventricle.

Uterus rising to lower margin of umbilicus, and containing several clots. Kidneys apparently normal on section. A small quantity of pus found in the pelvis of each. Local peritonitis in region of left kidney.

Case VI.—April 18th. B. W., aged thirty, first pregnancy; was delivered of a living female child, after a labour of sixteen hours. A short time after the commencement of labour she was attacked by asthenic convulsions, after which she became unconscious. The fits continued to recur at shortened intervals during the entire time of labour. All the usual remedies—cold affusion, purgatives, counter-irritants, &c.—being, of course, resorted to, though without benefit. The placenta was retained by want of uterine action for two hours, and shortly after its expulsion she sank, and died in a comatose state.

Case VII.—M. K., aged thirty-five, was delivered of her sixth child, a healthy male, on May 14th, after a natural labour of twenty-four hours. The placenta followed almost immediately, and ten minutes after its expulsion she was attacked by asthenic convulsions, having only one fit however. This lasted for seven minutes, and was checked by cold affusions and sinapisms to the calves of the legs. After the seizure she remained unconscious for some time, but had no return of the attack, and made a good recovery.

Case VIII.—Within the last month, through the kindness of Dr. J. Byrne Power, I had an opportunity of seeing a very interesting case of puerperal eclampsia in a patient of his—a lady, aged about thirty-two, who was attacked with asthenic convulsions immediately before labour. It was her third pregnancy, and several years had elapsed since her last confinement. The convulsions commenced about midnight, April 17th, when Dr. Power was sent for, and resorted to all the measures that could be employed to arrest the disease. When I saw her, about 5 a.m., she was completely unconscious, and, despite the judicious treatment which had been employed by Dr. Power, the fits recurred about every twenty minutes with increasing violence. The convulsions were general, but more marked on the right side. The os was still undilated and rigid, but after some time we were able to introduce, first one large-sized Barnes' dilator, and subsequently a second; but, finding it impossible to overcome the rigidity sufficiently to effect delivery, we were ultimately obliged to incise the os sufficiently to allow version to be performed, and were compelled to complete the operation with the forceps, as the os contracted so firmly after the shoulders had passed as to prevent delivery being otherwise accomplished. The child, a male, was still-born. After the operation the uterus contracted firmly, the placenta was expelled immediately, and there was no hæmorrhage. Half an hour subsequently she had another seizure, and at intervals seven other attacks. She never recovered consciousness, and died five hours after.

ON

SPURIOUS, FEIGNED,

AND

CONCEALED PREGNANCY.

BY

THOMAS MORE MADDEN, M.D., M.R.I.A.,

EXAMINER IN MIDWIFERY AND THE DISEASES OF WOMEN AND CHILDREN IN THE QUEEN'S UNIVERSITY IN IRELAND;

EX-ASSISTANT PHYSICIAN, ROTUNDA LYING-IN HOSPITAL, DUBLIN;

MEMBER OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND;

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND;

AND OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW;

FORMERLY DEMONSTRATOR OF ANATOMY, CARMICHAEL OR RICHMOND HOSPITAL SCHOOL OF MEDICINE;

CORRESPONDING MEMBER OF THE GYNÆCOLOGICAL SOCIETY OF BOSTON, U.S.;

CORRESPONDING FELLOW OF THE EDINBURGH OBSTETRICAL SOCIETY,

ETC., ETC.

DUBLIN:

PRINTED BY JOHN FALCONER, 53, UPPER SACKVILLE-STREET.

1872

ON

SPURIOUS, FEIGNED,

AND

CONCEALED PREGNANCY.

Spurious pregnancy is one of the most interesting subjects connected with obstetric medicine. The diagnosis between true pregnancy and pseudocyesis,[a] including in this term cases of pretended as well as spurious gestation, is oftentimes a matter of considerable difficulty and of the highest importance in a medico-legal, as well as in an obstetric point of view. Hence, the following particulars of several cases of spurious, feigned, and concealed pregnancy, together with the observations suggested by them, may, perhaps, be considered of some interest.

The comparatively large number of cases of spurious pregnancy which has come under my observation within the last few years leads me to believe that this morbid condition is of more frequent occurrence than is generally supposed. Nor is it confined to any class of society, as some writers think who speak of it as peculiarly affecting, idle and overfed, sterile, elderly, married women of the richer class. On the contrary, a large proportion of the cases of pseudocyesis, on the clinical study of which this memoir is based, came before me at the Dispensary for Diseases of Women, attached to the Lying-in Hospital.

The period of life at which pseudocyesis most frequently occurs is a point on which very eminent authorities differ. Thus the late Sir J. Simpson, speaking on this subject, in his Clinical Lectures on Diseases of Women, says:—"I feel pretty certain that the disease occurs at least as often during the first year after marriage as at any later period."[b] Dr. Churchill has

[a] Ψευδὸς, a lie, and Κυήσις, pregnancy.

[b] Medical Times and Gazette, September 3, 1859, p. 225.

seen a ease of this kind in a patient, aged 17,[a] and similar cases at a still earlier age have been recorded by Dr. O'Farrell and others. But my own experience leads me to agree with Dr. Montgomery, who, in his admirable work on the Symptoms of Pregnaney, stated that spurious pregnaney is most frequently observed about the turn of life, when the catamenia, beeoming irregular, previous to their final eessation, are suppressed for a few periods.[b]

SYMPTOMS OF PSEUDOCYESIS.

In pseudo-pregnaney we frequently find most of the ordinary symptonis of true pregnaney eounterfeited with wonderful similarity. In sueh cases morning siekness following on suppression of the menstrual diseharge is very eommonly observed, and so also are enlargement of the breasts, the areola, and turgeseenee of the nipples, and glandular follieles of the breasts, and even seeretion of a laeteseent fluid from them. The abdomen generally inereases in size, usually indeed mueh more rapidly than is the ease in true pregnaney.

The enlargement of the abdomen in pseudoeyesis may generally be traeed to dropsieal effusion into the peritoneal eavity, or to the tendeney to fall into flesh about the period of "the ehange of life," giving rise to the exeessive deposit of fat in the omentum; and thirdly, the inereasing girth may be eaused by indigestion, oeeasioning the distension of the large intestines, oftentimes to an extraordinary extent, by aeeumulated fæeal matter, and still more frequently by flatus, eonstituting what the poor in this eountry very graphieally deseribe as a "windy dropsy."

In almost every instanee of pseudoeyesis that has eome under my observation the patient asserted that she eould distinetly feel the motions of the fœtus, and in one case where the woman had previously borne a number of ehildren, she insisted, when suffering from spurious pregnaney, that she had never felt the motions of the ehild so strongly in any of her former pregnaneies.

The patient's nervous system may, in these eases, present all the anomalous symptoms of pregnaney, sueh as longings, alteration in tastes, irritability of temper, neuralgie pains, &e., with great resemblanee. Indeed, those who suffer from pseudoeyesis have, as a rule, either borne children, and know all the symptoms by experience, or else have as it were "eoaehed" themselves up on the subjeet, whieh now oeeupies their thoughts most prominently, and apply their knowledge to themselves with sueh a morbid eoncentration of ideas on the one topie that they become monomaniaes upon it, and ultimately deceive themselves as well as others.

[a] Theory and Practice of Midwifery, 5th edition, p. 152. Dublin, 1866.

[b] Signs and Symptoms of Pregnancy, p. 169. London, 1837.

No class of patients are more unsatisfactory to meet with in practice than those now under consideration. The duty of a medical man is seldom more unpleasant than when he is obliged to inform a woman, who for nine long months has cherished the belief that she is with child, who has communicated this intelligence to her friends, and made all the usual preparations for the expected little stranger, and who, perhaps, deceived by those anomalous periodic abdominal pains that sometimes occur in such cases, sends for medical assistance under the impression that labour is commencing, that she is not even pregnant. On the other hand, if the physician falls in with the patient's opinion at first without sufficient inquiry, and thus unconsciously makes himself a party in her self-deception, as soon as the true state of the case becomes obvious, he will incur an almost incredible amount of odium from the patient, who, not unnaturally, though often very unjustly, makes him the scape-goat for all the bitterness and vexation of which a woman's wounded pride is capable.

Even when merely called in by another physician to see a case of this kind in consultation, the consultant is placed in a very awkward position. He finds that the patient is not pregnant, and must say so. But as far as is possible, consistently with the patient's advantage, which, as in all other circumstances, is the first consideration of the physician, he should perform this duty so as to spare the reputation of his brother practitioner who may have pronounced her pregnant. In one case in which I was consulted, I found this a matter of no small difficulty, but, even then, I succeeded in disabusing the patient's mind of the belief that she was pregnant, and still, at the same time, maintained her confidence in her medical attendant.

CAUSES OF PSEUDOCYESIS.

The causes of spurious pregnancy are very numerous. Besides those already mentioned—namely, "change of life," as it is popularly termed, dyspepsia, dropsy and obesity—pseudocyesis may result from a variety of other causes. Of these, two of the most interesting are molar pregnancy and uterine hydatidiform disease.

Molar pregnancy is a comparatively rare form of spurious gestation, although the poorer class of female dispensary patients frequently date the commencement of any uterine disease from the period at which they suppose they had what they term "a false conception." On inquiring into such histories we generally find the case to have been one of an ordinary miscarriage. In two instances in which the so-called mole was kept for examination, I could discover nothing but a simple clot. A few examples of molar pregnancy have, however, come under my observation.

In the early period of supposed pregnancy there is no possibility of discriminating with certainty between molar and true pregnancy. Generally these substances are expelled from the uterus between the third

and fourth months, but if retained beyond the latter period the absence of the positive signs of pregnancy will of course determine the question.

Pregnancy may also be simulated by uterine hydatidiform disease, or cystic degeneration of the ovum. In a memoir published some years ago I discussed the symptoms, pathology, and treatment of this condition very fully.[a] At that time I had seen only two examples of this very rare disease—two other cases of the same kind have since then come within my observation. In all these instances of uterine hydatidiform disease the patients supposed themselves with child, until they were undeceived by the expulsion of the hydatidiform mass from the uterus. In one case the woman strongly insisted (and she had given birth to living children previously) that she felt the motions of the child distinctly. The existence of these hydatidiform moles has been explained in various ways, but, like most others, I still think my own theory, as developed in the essay already referred to, the most plausible. In it I observed the theory most generally adopted at present is that hydatidiform moles are the result of the pathological degeneration or abnormal development of some one of the embryonic structures already existing in the uterus. But uterine hydatids sometimes occur under circumstances which prevent the possibility of their being connected with degeneration or abnormal development of any of the embryonic tissues—that is, in cases in which pregnancy never existed. In what light, then, are we to regard the occurrence under these circumstances? The answer to this is, I think, that we must ascribe such cases either to those constitutional changes which lead to the formation of true hydatids in other parts of the body, or else, and more probably, to morbid action set up within the ovary of an unimpregnated female, and which results in the production of hydatidiform disease in a graafian vesicle, and of its escape from the ovary into the uterine cavity, where it continues to increase in bulk until it excites uterine irritation and expulsive action.

Ovarian tumours may be confounded with pregnancy, or may co-exist with it. The diagnosis in such cases is, I think, comparatively easy, and may be arrived at by a manual examination of the abdomen, as well as by the state of the os and cervix uteri, which in ovarian disease is long and low down, while the uterus can be distinguished as a separate body from the ovarian tumour.

Pseudo-pregnancy may also be caused by ascites, by fibrous tumours of the uterus, by physometra, by hysteria and some other morbid conditions, into the consideration of which the limits of this memoir do not permit me now to enter.

Diagnosis of Pseudocyesis.—In the early stage of false pregnancy it is

[a] On Uterine Hydatidiform Disease, or Cystic Degeneration of the Ovum. By Dr. T. More Madden. Dublin Quarterly Journal of Medical Science. 1868.

always a matter of considerable difficulty to pronounce an opinion as to the true nature of the case. But, however closely the symptoms of pregnancy may be simulated in the early months of pseudocyesis, the positive signs of pregnancy after the fifth month cannot be counterfeited. And, even from the very first, in spurious pregnancy it may generally be ascertained, on careful inquiry, that there is something unusual in the symptoms—either some essential one is wanting, or else the symptoms which belong to one period of pregnancy manifest themselves at another, and commonly earlier time than is natural.

Physical examination affords us comparatively little assistance in the diagnosis of pseudocyesis until the fifth month, and, as a rule, neither patient nor physician ever dream of the possibility of the case being one of spurious pregnancy at an earlier period.

With regard to the value of auscultation as means of diagnosis, I must confess myself to be somewhat doubtful. Even in the last month of gestation the fact of the sounds of the fœtal heart and placental souffle not being distinguished on auscultation is, as I have shown elsewhere, no proof that the uterus may not contain a living child.[a] Therefore, how much less reliable must this negative test be when employed, as in cases of this kind, at a much earlier period of gestation, or of spurious gestation.

Nor is the value of the positive evidence derived from the sounds of the fœtal heart and placental souffle as certain as it is sometimes supposed to be. It is unquestionable that an experienced auscultator can pronounce on the existence of a living child *in utero* with all the certainty of actual knowledge from the auscultatory signs present. But all medical practitioners are not and cannot become experts in this special subject. Hence the error of fixing, as is done by some authorities, on a supposed pathognomic proof of pregnancy which is difficult to employ, and relying on which, to the neglect of other and more easily employed tests, opinions are sometimes pronounced in haste, which have to be repented at leisure. I am induced to make this observation by the fact that in two of the cases of pseudocyesis which came under my notice the patients were told they were pregnant, their medical attendant having in each instance persuaded themselves that they had discovered the sounds of the fœtal heart on auscultation.

A manual examination of the abdomen with both hands will, if we succeed in relaxing the rigid condition of the abdominal muscles, which is generally present in such cases, enable us to ascertain if there be any uterine enlargement or not, although not to distinguish between the enlargement caused by disease and that occasioned by pregnancy. To do this we must institute a digital vaginal exploration to determine

[a] Maunsell's Dublin Practice of Midwifery. Edited by T. More Madden. London, 1871.

whether the conditions of the os and cervix uteri be what are usual at the corresponding period of pregnancy.

In those cases of pseudocycsis where the patient, being anxious to be thought pregnant, is either consciously or unconsciously contributing to the deception by making her abdominal muscles so tense and rigid that it becomes impossible to ascertain the size and position of the uterus by a manual examination, we may readily succeed in dissipating the phantom tumour, and overcoming the action of the abdominal muscles, by putting the patient under the influence of chloroform, and then examining her.

If the abdominal or uterine enlargement be occasioned by flatus or by physometra, percussion over the tumour will afford an easily applied means of discovering this.

CASES OF PSEUDOCYESIS.

Case No. 1.—I was recently sent for in great haste to see a lady living a couple of miles from town, who was said to be in labour. I obeyed the summons at once, and on arriving at the patient's residence was met by the nurse, an old and experienced midwife, who expressed much pleasure that I had arrived in time, as she was sure, she said, that the child would be born before eight o'clock, it being then past seven o'clock. She added that it was a natural presentation, and that the os was nearly fully dilated. On entering the patient's room I found her in the usual obstetric position, lying on her left side, groaning loudly, and pulling hard at a strap fastened to the bed-post. She was a primipara, a delicate, hysterical looking woman, aged about twenty-eight, and about twelve months married. She had presented all the ordinary symptoms of pregnancy, except that she had a slight menstrual discharge, but paler and more scanty than usual, recurring at irregular intervals. She complained of the incessant tumultuous motions of the child, and stated that the overflow of milk from her breasts had spoiled all her clothes. On examination, however, I found the cervix long and low down, the os small and circular, the uterus presenting no sign of pregnancy, the abdomen very large and tympanitic, and the rectum enormously distended by accumulated fœces. Seeing that she was in a very nervous, excitable condition, I told her cautiously that there was nothing so urgent as she imagined in her case, as there was no sign of labour at present, and recommended her to call on me soon. Accordingly she came in to consult me within a few days. But when I hinted to her my opinion that she was not pregnant, and that it would be desirable for her to see another accoucheur in consultation, to ascertain the cause of the symptoms she suffered from, she became very indignant, pointed triumphantly to the lactescent fluid she squeezed from her breasts, insisted that she could feel the fœtal movements, and the next thing I

heard of her was that she had placed herself under the care of another physician, whom she wished to engage for her confinement, but who, being a very experienced and judicious accoucheur, had declined the engagement.

Case No. 2.—August 12th, 1869.—L. P., aged twenty-five, an engine-fitter's wife, who was two years and three months married, and had one child, still-born, at full term a year previously; applied for advice at the dispensary of the Rotunda Hospital, as she believed herself to be in the seventh month of pregnancy, reckoning from the time of the supposed quickening, although she menstruated every month. She had suffered severely from morning sickness, and for the last three months believed that she felt the child's motions. There was a well-defined areola; the vagina was pale; the os and cervix uteri were hypertrophied and ulcerated; the abdomen was greatly enlarged, and resonant on percussion; the umbilicus was retracted, and the uterus was low down and small. Her bowels were habitually constipated, and her food of the coarsest kind. She was very hysterical, and nervously anxious about her condition. The enlargement of the abdomen, supposed fœtal motions, and all the other symptoms in this case, were evidently caused by the distended condition of the large intestines, by fœcal matter and flatulence. She was purged freely, and ordered a mixture containing sulphates of iron and magnesia in infusion of quassia, and within a month's time regained excellent health.

Case No. 3.—In midsummer, 1871, I was asked to see a lady residing in the country, in consultation, under the following circumstances. Mrs. ——, aged forty-one, a stout, plethoric woman, having no family, though over ten years married, and who, till within the last year, had always menstruated regularly, and enjoyed excellent health, eleven months ago, for the first time, commenced to suffer from nausea and retching every morning. Shortly after her breasts began to enlarge and got painful, her appetite became capricious, her nervous system evinced considerable derangement, and obstinate diarrhœa then set in, which persisted up to the date of my visit. Her menses still returned every month, but instead of lasting for three or four days as usual, now only remained for a few hours each time, and were extremely pale and scanty. She consulted her medical attendant, who said that she was probably pregnant, but advised her to visit an accoucheur in Dublin. This, however, she refused to do. The period fixed on for the expected confinement was the end of April. Four months from the commencement of the symptoms just referred to, she began, as she said, to feel the motions of the child, which gradually became stronger and stronger, and the abdomen continued to enlarge. The doctor shortly

after this time imagined that he was able to detect the sounds of the fœtal heart and placental souffle.

The time of her expected confinement at last arrived. The nurse took up her quarters in the house; some of the family came down from town to be present at the anxiously-looked-for event, and all her preparations, baby linen, &c., were completed. No sign of labour, however, manifested itself as week after week passed beyond the expected time. Her friends got tired out, her family returned home, and she herself became exceedingly nervous and desponding, as her mother had died of dropsy at about her present age. But still she insisted as strongly as ever that she could feel the child's motions distinctly. Such was the history of her case up to the time that I was asked to see her.

On examination I found the breasts slightly enlarged, but soft and flaccid. The nipples were somewhat turgid; there was a well-marked areola, and the glandular follicles around the base of each were prominent. The abdomen was about as large as that of a woman at the end of the ninth month of pregnancy. But the uterus was small, as I discovered, when, with some difficulty, I succeeded in taking her attention off for the moment, and overcame the resistance offered to any manual examination of the uterus by the abdominal muscles, which were tense, rigid, and arched. There was resonance on percussion, the large intestines being enormously distended by flatulence, the movements of which she had taken for those of the fœtus. There was also a considerable quantity of fluid in the peritoneal cavity. The vagina was pale; the cervix and os uteri were low down, hypertrophied, and in a state of extensive granular ulceration.

Her chagrin, when informed that her preparations were not necessary, for the present at least, was naturally very great. Her medical attendant now agreed with me in recommending change of air, sea bathing, and a combination of tonics and diuretics. Under this treatment the abdominal swelling and the symptoms of pseudocyesis disappeared with astonishing rapidity. The ulceration was treated with equal success, and her condition is now better than it has been for a long time.

Case No. 4.—August 26th.—F. M., a clerk's wife, aged twenty-four, came to the dispensary to know what she should do to stop her changes, as she believed herself five months pregnant. She had had two children in three years since her marriage, and had on the present occasion suffered from all the symptoms she had before experienced when pregnant—morning sickness, enlargement of the breasts and abdomen, &c., and had fainted, as she always had done, as she said, "when she felt life in the child," a month previously. In this case, on examination, a large fibroid uterine tumour was discovered.

Case No. 5.—M. T., aged 29, a plethoric woman, three years married,

had given birth to two still-born children. She was delivered of the last in January, 1869. Menstruation was then regular till June. She did not menstruate in July; complained of morning sickness, and imagined herself pregnant. At the end of August she had a profuse "discharge of the reds," in her own parlance, and came to the dispensary at the Rotunda Hospital for advice. I ordered her rest, cold astringent applications, and gallic acid with Dover's powder internally. She was desired to return in a few days, but she did not come back to the dispensary till February 19, 1870, when she told me that the treatment had completely checked the hæmorrhage. She still firmly believed herself to be pregnant, as her abdomen had been enlarging, her breasts had got full, and, as she asserted, there was milk in them, in proof of which she then squeezed a considerable quantity of a lactescent fluid from the nipples, which were prominent. The areola were well defined, and the sebaceous follicles around the base of each was as distinct as in any case of pregnancy. The patient, as usual in such cases, insisted that she could feel the child's motions, and that her sensations were in every respect similar to those she had experienced in her former pregnancies. For the last few days she had suffered from frequent micturition, especially at night, from tenesmus, and from irregular cholicy pains in the abdomen. She therefore believed herself very near her confinement, and had come to the hospital to obtain the usual admission ticket. On examination I found the abdomen very tense, and so protruded as to be fully equal to that of a woman at the end of the ninth month of gestation. But the appearance of the abdominal tumour was very different from that of pregnancy, being globular and uniform, not oval or pyriform as in pregnancy. The umbilicus was also retracted and the tumour disappeared when I succeeded in taking off the patient's attention by engaging her in conversation, so that I was able to satisfy myself that there was no uterine enlargement. The vagina was pale, and the cervix uteri was long and low down. She was exceedingly dissatisfied when told that she was not pregnant, and expressed her doubts in very indignant terms. She returned in a few days, however, and was ordered a cathartic draught, followed by a mixture, with sulphates of iron and magnesia in infusion of quassia, and under this simple treatment she rapidly regained her accustomed health.

Case No. 6.—December 6, I was consulted by E. B., aged 40, who had been many years married, and had no family. Her menses had been regular, or rather profuse, ever since puberty, until about two years ago, when they ceased. For some years past she noticed that her abdomen was enlarging, but she did not pay much attention to this, until within the last eight months, when she rapidly became so large as to attract the observation of her friends, and to be incapable of following

her usual avocations, and she suffered much from loss of appetite and dyspepsia. Her neighbours pronounced her pregnant, and a medical man whom she consulted, after some examination, appears to have favoured their opinion. Acting on this, she made the customary preparations for her confinement, but at length entertaining some doubt as to her real position, she came up to Dublin to have the question decided. I found the breasts large, but soft and flabby, no areola, and the nipples very small. The vagina was narrow, and the os uteri, which was high up, was a small circular orifice not larger than the meatus urinarius. The abdomen was much enlarged, measuring thirty-five inches in circumference. This enlargement was caused by a solid uterine tumour, occupying the greater part of the abdominal cavity, but more particularly developed in the right hypocondriac and lumbar region than in the remaining parts of the abdomen. A distinct fremissment was perceptible on the right side, and also, though not so clearly, on the left. On applying the stethescope a well-marked blowing sound was very plainly heard on the right side of the tumour, which was audible, though more of a cooing character, and not so distinct on the left side. This sound might very probably have been mistaken for the placental souffle, and thus misled the physician who first saw the patient. It is not necessary to pursue the history of this case further.

Case No. 7.—Shortly before I left the Rotunda Hospital, a respectable looking girl, apparently about twenty years of age, a national school-teacher, was brought to me at the dispensary by her aunt, with whom she lived. As her changes had ceased for some months, her abdomen was considerably enlarged, her appetite had failed, and she frequently suffered from retching; her friends had accused her of being pregnant, and her aunt insisted on her submitting to an examination. She herself denied the possibility of pregnancy. On examination, the hymen was found intact, the parts extremely small, no mammary signs of pregnancy, and it was ascertained that the enlargement of the abdomen was produced by a fibroid tumour.

Cases such as those I have just related should make us most cautious in pronouncing a woman pregnant or not, as well as in accepting obstetric engagements, until we have ascertained if our patient be really in the family way. Most patients come to their medical attendant merely to announce their condition, and to secure beforehand his services at the time of their expected confinement, and not to express any doubt or to submit to any examination; and as cases of pseudocyesis are comparatively unfrequent in ordinary practice, we are naturally apt, unless something unusual in the patient's age or symptoms attract our attention, to take it for granted that she is pregnant, on her own *ipse dixit*, and without further investigation.

PREGNANCY OBSCURED BY DISEASE.

Very closely connected with the subject of pseudocyesis, in which pregnancy is counterfeited by disease, or by art, is the consideration of those cases in which pregnancy simulates disease, or is concealed by the patient under pretext of it.

Pregnancy may exist under circumstances that seem very unfavourable to its occurrence, in persons of advanced age, and under conditions which render its recognition difficult and obscure. Hence, the necessity for much caution in giving expression to any opinion on this subject until we have made a careful examination of the patient.

Many cases, illustrative of the foregoing remarks, have come within my observation. One (Case No. 8) was that of a woman, aged thirty-eight, who had been married eighteen years and had no family. She had never had any symptom of pregnancy. Her menses were irregular, and she suffered from extensive granular ulceration of the os and cervix uteri, for which she had been under my care as an extern patient at the dispensary of the Rotunda Hospital, for a considerable time, without any substantial benefit, as the disease would at times almost completely subside under the treatment adopted; she would then absent herself for some time, and return as bad as ever. I induced her at last to come into the chronic ward of the Hospital. She was suffering at the time of her admission from menorrhagia, to which, as is common in such cases, she was occasionally subject. The os and cervix uteri were congested and in a very angry looking granular state. The granular surface was cauterized with nitrate of silver, and cold douching was employed night and morning. Under this treatment the bleeding was checked, and for several days she progressed favourably. In about a week from the time of her admission, however, I was called up late one night to the chronic ward, being told that Mrs. R. had a bad attack of cholic, and that the hæmorrhage had also returned, and within a few moments of my arrival a considerable gush of blood escaped, and with it was expelled a very perfect ovum of between the second and third months.

Case No. 9.—A lady, who having been married at a very early age, had three children before her twenty-first year, and then had no sign of pregnancy for over seven years, was attacked by fever, on recovering from which she was affected by violent hysteria; this ultimately passed into acute hysterical mania, necessitating her being placed under restraint for a short time. Before this step was taken her menses having suddenly ceased, she was treated by the strongest emenagogues in very large doses, and persisted in for a considerable period for the purpose of restoring the catamenia, very providentally however without any effect. After the complete subsidence of the cerebral symptoms her general health became excellent, and a short time after, whilst travelling, her figure, which was

naturally slight, suddenly altered, and she very rapldly increased in size. She now, for the first time, suspected that she might possibly be pregnant, and soon after her arrival in this eity, consulted an eminent physician, who, misled by the complication of hysteria in the case, and by the fact that until six weeks previously there had been no abdominal enlargement whatever, concluded, as indeed was very natural under the circumstance, that the case was one of hysteria, and that the sudden abdominal enlargement was due to the distension of the large intestines by flatuleney. He therefore told her that she was not pregnant. He, however, called in an accoucheur to visit her, who recommended a midwife to be sent for, and the following day the child was born.

MEDICO-LEGAL ASPECTS OF PRETENDED AND CONCEALED PREGNANCY.

Pregnancy may be feigned for the purpose of committing fraud or escaping punishment, and it may be eoncealed to avoid disgrace or with the intention of perpetrating crime. The former cases are I believe much more common than is generally supposed, although they are less eommonly obtruded on the notice of medical practitioners than the latter. Still their occurrence is a matter the possibility of which should not be forgotten, especially by those engaged in obstetrie practice. I had written out the notes of one attempted case of this kind that eame within my own experience, but for reasons that need not be dwelt on have determined to omit it from this paper.

I need not enter at length into the legal aspects of this question, as these are fully discussed by writers on medical jurisprudenee.

It is sufficient for our present purpose to state that two most important topics fall under this head. First as regards the existence of pregnaney, which may be pleaded in a criminal case as a bar for punishment, as the English Common Law, founded on the Roman Law, which exempted a pregnant woman from punishment until after her delivery "*Quod prægnantis mulieris damnatæ pœna differætur quoad pariat*," provides that if a woman be capitally convicted and pleads her pregnancy, though this is no cause to stay the judgment, yet it is to respite the exeeution till she shall be delivered. In this case a judge may direct a jury of twelve matrons, or discreet women, *de circumstantibus*, to be empanelled to try "whether the prisoner be with child of a *quick* child or not." For Blackstone distinctly states what appears to be still the law of England, that "barely with ehild, unless it be alive in the womb, is not sufficient."[a] If she be found quick with child she is respited until she is either delivered, or proves by the course of nature not to have been with ehild at all, otherwise the sentence will take effect.

If cases such as I have recorded, in which not only women who had

[a] 4 Blackstone's Commentaries, p. 395.

no motive for practising any deception, and who had before borne children, went on throughout the course of pregnancy, until almost the moment before delivery, without ever suspecting themselves with child, and in which qualified medical men, on examining such women, denied that they were pregnant, as well as the more numerous cases in which the contrary error was made, have any value whatever, it is that they show the absurdity of the law in committing the solution of a question of such gravity as this, which may involve the issues of life and death, to any twelve matrons, however ignorant, who may happen to be present when this plea is raised. Nor can anything more at variance with common sense and modern physiological science be conceived than retaining the barbarous distinction in such cases between a fœtus after the sixteenth week when *quickening* was supposed to occur and one before that period, as the veriest tyro in medical study should know that the living embryo at the moment after conception is as certainly living, or quick, as the fully matured man in the prime of his manhood, and that the crime is as great to destroy the one as the other.

Not long since this very issue was raised in the case of Christina Edmunds, who, on being found guilty of murder at the Old Bailey, pleaded pregnancy in arrest of judgment, and being found to be "not *quick* with child" by the jury of matrons who were empanelled to try this question, was sentenced to death, and would have been accordingly executed had she not been respited on other grounds. There can be no doubt that cases have occurred in which pregnant women have been executed on the faith of the verdict of "not quick with child" of a jury of matrons. An execution under such circumstances is unquestionably the judicial murder of the child.

It is certainly full time that measures should be taken to alter the existing most barbarous law on this subject, and this should be done before the unborn offspring of another woman is sacrificed as a victim to the ignorant inhumanity of our penal code. For, as experience has proved in similar cases, it is by no means impossible, though improbable, that the wretched woman to whose case I have referred, might have been truly pregnant, despite the verdict to the contrary of twelve ignorant women, to whose decision the most difficult question in medical diagnosis is left by the law.

CONCEALED PREGNANCY.

Concealed pregnancy is of much more frequent occurrence than feigned gestation. This subject, though one of great practical interest, is altogether too wide a one for full consideration within the limits of a paper such as this, which is already, perhaps, over-long. But still I would desire to call attention to the fact that the practice of concealing pregnancy, with the intention of committing child murder, or of procuring

abortion, and especially the latter, is, I fear, becoming of late years more common in this city than was formerly the case. The reasons for this are the increasing proportion of illegitimate births, owing to circumstances still in operation arising out of the famine period, since which the proportion of the married to the unmarried, previously greater in Ireland than in almost any other country, has been considerably diminished. One result of this is that illegitimate births are more frequent than they were in Ireland. But this increased proportion of illegitimate births is by no means a full measure of the extent to which the evil to which I have referred has gone. For of late years, with the deluge of cheap bad literature which is poured into this country, and which circulates chiefly amongst the class that constitute the majority of the unmarried patients of the lying-in hospitals, a still greater evil has become familiarized to the oftentimes badly-reared and sorely-tempted victims of seduction, who too often seek what they falsely believe to be a safer mode of escaping the penalty of their error. Hence it now becomes more than ever necessary for every medical practitioner to be prepared to meet with cases of concealed pregnancy and attempted abortion under various disguises, and thus be able to detect and frustrate such crimes. So often have I detected pregnancy in patients who applied for emenagogues under the pretext of simple amenorrhœa, and who were most indignant when any doubt was thrown on their statements, that I never under any circumstances prescribed any emenagogue at the dispensary until I had convinced myself that the case was a fit one for their administration. In other words, the safe rule in such cases I believe to be just the reverse of the legal maxim, and we should, in cases of amenorrhœa, with the history and causes of which we are not perfectly acquainted, treat the patient as though she was pregnant until we are satisfied that she is not so. But I need not add that we should do this without expressing any suspicions that may, after all, be unfounded, and simply order some placebo when pressed to prescribe emenagogues, until, by a little observation, we have time to ascertain the true state of the case.

The same observation applies with equal force to the performance of all operations on the organs of generation in cases in which even a possibility of pregnancy exists, as well as to the application to them of instruments of any kind. This caution is especially applicable to the employment of the uterine sound—an instrument which, though of very great value in suitable cases, and when cautiously used, is, I think, far too indiscriminately resorted to by many practitioners, and is, when thus abused, even more potent for evil than it is for good when properly employed. I have repeatedly seen abortions and dangerous floodings produced by the abuse of the uterine sound and other gynæcological instruments when the patient either concealed or was ignorant of the fact of her being pregnant ; a fact, I may add, which it was the study

of the medical man to have ascertained for himself, beyond the possibility of error, before he resorted to such instruments.

A considerable number of instances of concealed pregnancy have from time to time come under my observation. Amongst these I may mention that of a young country girl, who succeeded in persuading a number of experienced medical practitioners in different parts of the country into the belief that she was suffering from an ovarian tumour, she being at the time advanced in pregnancy, the existence of which was not even thought of. So far was the deception carried that a treaty was entered into with an eminent surgeon for the performance of ovariotomy. But as the fee required appeared to the girl's relations to be very large, they got her admitted as a patient into a metropolitan hospital, although they could well have afforded the necessary expense of medical treatment. She was admitted into the hospital as a suitable case for ovariotomy, but a few days afterwards the true nature of the case being detected, she was transferred to the Rotunda Hospital, where she was delivered the day following her admission. Even when labour set in she still, however, persisted in denying that she was or could be pregnant; and it was not till the child was born that she confessed the truth.

Cases such as those just related show the importance of every medical practitioner making himself thoroughly familiar with the diagnosis of all the cases in which pregnancy may be feigned, concealed, or counterfeited either by art or by disease.

WELLCOME LIBRARY INSTITUTE

Published Works and Contributions to Medicine and Midwifery, by

DR. THOS. MORE MADDEN, M.R.I.A.; 7-11-1-3-5-

Obstetric Physician, Mater Misericordiæ Hospital;
Physician, Hospital for Sick Children;
Sometime Examiner in Midwifery, Queen's University, Ireland;
Formerly Vice-President of the Dublin Obstetrical Society;
Ex-Assistant Physician, Rotunda Hospital;
Demonstrator of Anatomy, Carmichael or Richmond Hospital School of Midwifery;
Decoré Croix de Bronze, "Pour Services Rendus a la France pendant la Guerre de 1870-71;"
Corresponding Fellow of the Obstetrical Society of Edinburgh;
Corresponding Member of the Gynæcological Society of Boston; &c.

---

1. "The Dublin Practice of Midwifery." Edited by Dr. More Madden. London: Longmans. 1871.
2. "On Change of Climate in the Treatment of Chronic Disease." 4th Edition. London: Newby. 1875.
3. "The Spas of Germany, France, and Italy." 3rd Edition. London: Newby. 1874.
4. "Health Resorts of Europe and Africa." London: Churchill. 1876.
5. "History and Formulary of the Dublin Lying-in Hospital." Dublin. 1870.
6. "Epidemics and Epizootics in Ireland." Dublin. 1867.
7. "Sanitary Reports on Kingstown." Dublin. 1866.
8. "Lectures on Instrumental Delivery." 2nd Edition. Dublin. 1880.
9. "Inaugural Address delivered in the Mater Misericordiæ Hospital." Dublin. 1881.

Contributions to Medical Journals.

1. "On Uterine Hydatidiform Disease."—*Dublin Journal of Medical Science.* 1868.
2. "Treatment of Psoas Abscess."—*Medical Press and Circular.* 1868.
3. "On the Psychology of Dreaming and Sleep."—*Medical Press and Circular.* 1867.
4. "On Hydrate of Chloral in Gynæcological Practice."—*Dublin Quarterly Journal.* 1870.
5. "On the Climate of Malaga in the Treatment of Phthisis."—*Dublin Journal of Medical Science.* 1866.
6. "On Insanity and Criminal Responsibility."—*Dublin Journal of Medical Science.* 1866.
7. "On Acute Inversion of the Uterus."—*Dublin Journal of Medical Science.* 1870.
8. "On Immediate Treatment of Laceration of the Perinæum."—*Edinburgh Medical Journal.* 1871.
9. "On Sudden Death after Parturition."—*American Journal of Obstetrics.* 1871.
10. "On Puerperal Mania."—*British and Foreign Medico-Chirurgical Review.* 1871.
11. "On Spurious, Feigned, and Concealed Pregnancy."—*Dublin Journal of Medical Science.* 1872.
12. "On Irrigation of the Uterus."—*Dub. Jour. of Med. Science.* 1872.
13. "On the Etiology and Treatment of Puerperal Convulsions."—*Dublin Journal of Medical Science.* 1873.
14. "On Constitutional Treatment of Chronic Uterine Disease."—*Dublin Journal of Medical Science.* 1874.
15. "On Single and Double Curved Midwifery Forceps."—*Lancet.* 1876.
16. "Successful Ovariotomy."—*Dublin Obstetrical Transactions.* 1881.
17. "On Uterine Polypi."—*Dublin Journal of Medical Science.* 1874.
18. "On the Successful Treatment of Rupture of the Uterus."—*British Medical Journal.* 1875.
19. "On Trance."—*Dublin Journal of Medical Science.* 1881.
20. "On the Medical Knowledge of the Ancient Irish."—*Dublin Journal of Medical Science.* 1881.
21. "On the Prevention and Treatment of *Post Partum* Hæmorrhage."—*Transactions of International Medical Congress.* London. 1881.
22. "On the Tuberculous Diseases of Childhood."—*American Journal of Obstetrics.* 1882.

HJ/-